

	<p>Community Counseling Center of Central Florida, Inc. P.O. Box 161585 Altamonte Springs, FL 32716-1585 W. 407.291.8009 F. 407.291.9620 www.ccccf.org</p>
---	--

8-HOUR ANGER MANAGEMENT REFERRAL FORM

PO BOX 161585 PHONE: 407-291-8009
ALTAMONTE SPRINGS, FL 32716-1585 FAX: 407-291-9620

DATE OF REFERRAL: _____
REFERRAL SOURCE: _____

NAME	AGENCY	PHONE #
------	--------	---------

CLIENT NAME: _____
ADDRESS: _____

PHONE NUMBER(S): _____

- ___ COURT ORDERED PER CASE PLAN
- ___ VOLUNTARY CASE PLAN
- ___ VOLUNTEER

- ___ H.S.A. FUNDS (FREE TO CLIENT IF THEY QUALIFY)
- ___ PRIVATE PAY (\$75.00 CASH OR MONEY ORDER ONLY)

COMMUNITY COUNSELING CENTER OF CENTRAL FLORIDA, INC. WILL
SCREEN REFERRED CLIENTS FOR ELIGIBILITY FOR TANF OR OTHER
FUNDS.

COURSE IS PROVIDED TO CLIENTS AT THE
JUVENILE ASSESSMENT CENTER (JAC)
823 WEST CENTRAL BOULEVARD
ORALNDO, FLORIDA 32805

COURSE IS APPROVED BY DEPENDENCY COURT