MARIE DETTY YOUTH & FAMILY SERVICES INITIAL CONTACT FORM

CLIENT INFORMATION: Date:				
Client's Last Name:	First:		MI: Maiden:	
Address:	City:	State:	Zip Code:	County:
Date of Birth://	Age: Gene	ler: F	Race:	
Phone:	_ Is it okay to leave a message	Ema	il address:	
Contact Person: (if minor, parent	or guardian)			
Phone:	Is it okay to leave a me	ssage? Referral	Source:	
If you feel that you are suicide. The crisis hotline number is this moment. You can also to	988 if you are not immedi	ately suicidal or h	omicidal but nee	-
Description of situation or a	additional information:			
Do you have insurance? Insurance				
What services are you inter		,		
Individual/Family Counseling		Parenting or Anger Management Classes		
Mentoring (ages 11-18)		Gang Prevention Program (Lawton only)		
Domestic Violence/Sexual Assault Victim Services (Comanche County only)		Tutoring		
In Step program (FTOP)		Substance Abuse Counseling/Assessment (Stephens/Jefferson Counties only)		
Our services are voluntary of	and confidential. We offer	a variety of servic	es to everyone, re	egardless of race, color,
religion, sex, national origin	or disability. In the event	you are unsure w	hich services you	ı would like, contact us to
find support. Call 580-24	8-6450 (Lawton, OK)	or 580-606-671	9 (Duncan, O	K)
	606-6834 (Stephens ay be dropped off at o	• •		•
ADMINISTRATION USE Assigned Counselor:		ppointment Date:		Time:
Initial Contact Attempted by:				
Date/Time:	Result:			

Revised 07/25 LG

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