SUBSTANCE ABUSE REFERRAL

OFFENDER	•	COLOR:	
	on of your supervision, you are to tion, you must contact the below list	o participate in an alcohol/drug aftercare program. sted agency on	To arrange an
	Dive	rsified Family Services	
		P.O. Box 2438	
	10	021 E. Highway 66	
	E	Elk City, OK 73648	
		(580) 225-4337	
	ce Abuse Assessment ual Substance Abuse Counselin	[] Copayment Assessed \$	
	•	or at Diversified Family Services at (580) 225-4333 r that you are a federal client at the time of your call.	7 to schedule an
counseling with Noncomplian	ill only be given for approved trave the rules of Diversified Family S	not authorized to excuse you from counseling. Per l and for emergency purposes (to be defined by USPO Services, they have the right to terminate you from amily Services may result in a violation report being .	O). If you fail to their program.
I acknowledg	e that I have read and understand th	ne matters stated in this document and have received a	сору.
Name	DATE	U.S. PROBATION OFFICER	DATE