

Southeastern Ohio Counseling Center, LLC



740-489-5571

**www.southeasternohiocounseling.com
info@southeasternohiocounseling.com**

**Providing Mental Health &
Addiction Services in all of
Southeastern Ohio**

**Offering Individual, Family & Group Therapy
Case Management (Community Support Services)
in the Office, Home, Community
and by TeleHealth.**

**We accept Medicaid, Medicare, Commercial
Insurances, as well as Private Payers.
Please contact our office for more information.**



Services focusing on

- **Mental Health Issues**
- **Addictive Behavior**
- **Depression & Sadness**
- **Anxiety**
- **Anger Management**
- **Trauma**
- **Sexual Behavior Issues**
- **Victims of Abuse/Domestic Violence**
- **Chemical Dependency Treatment & Addiction**
- **Attention, Focus & Hyperactivity**
- **Autism/Use of ABA Techniques**
- **Family Relationships & Couples Counseling**
- **Major Life Transitions**
- **Social Skills/Difficulty with Relationships**
- **Linkage with Financial Services & Community Resources**
- **Exploring Employment**
- **Independent Living Skills Development**
- **Individuals with Developmental Disabilities**

Southeastern Ohio Counseling Center

Office Locations

239 A Old National Rd Old Washington, Ohio 43768

218 N. 7th St. Marietta, Ohio 45750



CASE MANAGEMENT SERVICES

SOUTHEASTERN OHIO COUNSELING CENTER

"Building a Healthier Community
One Person at a Time"

Call Today: 740-489-5571

**Case Management services can assist
you with meeting a variety of needs.**

■ EMPLOYMENT SERVICES

Assistance with obtaining employable skills such as resume creation, job search, interviewing, and if needed link you to Opportunities for Ohioans with Disabilities or rehabilitation services.

■ ASSISTANCE WITH FINANCES & HOUSING

Assistance with ways to reduce debt, connections with food pantry services, housing assistance, and money management. Assistance with HUD applications and applying for other benefits. Navigating Social Security and other entities.

■ PARENTING SKILLS

Behavioral skills, improving relationships, and assistance with adapting to home life. Foster care, and adoption aftercare/coming home, and family reunification.

■ EDUCATION/SCHOOLING

FAFSA, student loans, and career center possibilities. Securing tutoring and supporting communication with schools. Assistance with obtaining diplomas/GEDs.

■ RECOVERY SERVICES

Substance use issues, recovery and treatment services. NA/AA connections and support services for families of those suffering from substance use issues. Linkage to primary care providers and medically assisted treatment (MAT).



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■ DAILY LIVING SKILLS

Assistance with hygiene, cleanliness, chores, and taking care of the home. How to cook, dietary needs, and nutrition. Prioritizing needs and organizing so you're not overwhelmed.

■ MENTAL HEALTH/MEDICAL NEEDS

Assistance with medication, finding a doctor, appointments and scheduling. Assistance with calendaring and linkage to medical or public transportation through SEAT/ZBUS/CABL and/or insurance programs.

■ SOCIAL/COMMUNICATION SKILLS

Assistance with getting along with others and improving relationships, improving emotional regulation, anger management and assertiveness.

**Case Management provides goal-oriented support by linking you to your community. We advocate for you and help you improve self-sufficiency. Our focus is to improve your life.
YOU matter to SOCC!**



**CALL TO SCHEDULE AN
APPOINTMENT TODAY**

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Southeastern Ohio Counseling Center, LLC.

Intake form

Address: _____

Phone: _____

Client Name (First, MI, Last) _____

Date of Birth _____

Client Age _____

Social Security Number _____

Gender _____

School Name _____

Grade level _____

Name of Person/Agency with Guardianship _____

Person/Agency Phone Number _____

Person/Agency Fax Number _____

Name of Caseworker _____

Person/Agency Address with Guardianship if different than clients address _____ City _____ State _____ Zip _____

Guardianship/custody paperwork? yes no

Primary Language: _____ Client needs the assistance of an interpreter? Yes No

Race: White Native Am Asian Alaskan Native African Am Native Hawaiian/Other Pacific Islander Multiple Race Other

Ethnicity: Hispanic Non Hispanic

Living Status rent own other Marital Status _____ Smoking Status _____

Military history yes no Employment status full time part time unemployed

Highest level of education _____ Total household members _____ Total household members under 18 _____

Emergency contact _____
Name _____ Phone number _____ Relationship _____

Insurance Information _____
Person providing insurance _____ Insurance company _____ Member ID _____

Group number _____

Help desk phone number _____