



Name: \_\_\_\_\_

Your sentence may include 1 of the following forms of counseling:

**Substance Abuse Counseling - School Program**

- Contact the Administration Office of your school for details of this program.

**Substance Abuse Counseling – Harbor/Baycare**

- Contact 866-762-1743
  - The Harbor Behavioral Health Institute
  - 7074 Grove Road, Brooksville
- Bring the following to your intake appointment, or fax to 352-544-0871
  - Driver’s License
  - Social Security Card
  - Insurance Card
  - Birth Certificate
  - Proof of Income

**Anger Management/Bullying/Self-Esteem Group**

- Contact Mr. Pecora at [jpecora@hernandocounty.us](mailto:jpecora@hernandocounty.us) to make a reservation for this group.
- You must do this in order to attend this group.
  - Monday 5:00-6:00 p.m.
  - Hernando County Government Center, 20 North Main Street, Brooksville

**Complete the following and return to Youth Court Office.**

DATE	SIGNATURE OF SUPERVISOR	DATE	SIGNATURE OF SUPERVISOR