



Drug & Alcohol Assessment Verification Form

_____ has completed a
drug/alcohol assessment at:

NORCEN Behavioral Health Systems

Jim Heisel

Reading Youth Services

Frank Wood PhD - Greater Cincinnati Psychology Associates

Other

on _____
Date

Signature of Assessor

Title

Telephone Number

Please return this form to Wyoming Youth Services Bureau, 800 Oak Avenue, Wyoming, Ohio 45215 Attn: Kimberly Hauser, Executive Director or by fax at 821-3707.

If you have any questions or comments regarding the assessment or this requirement, please call Wyoming Youth Services Bureau at 821-2428.