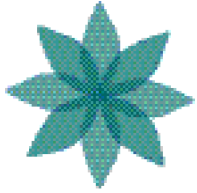


COMMUNITY CONSULTATION PROGRAM

South Shore Mental Health

A Service for Parents and Those Who Work With Youth

Request For Service



Contact Name: _____

Job Title: _____

Phone: _____

Fax: _____

Email: _____

Organization Name and Address

Service Request: Please list what types of presentations or consultation would be useful to your organization (include specific topics or areas of interest):

Please forward this request for service to:

Kathleen Bambrick
kbambric@ssmh.org ♦ (617) 774-1002
Fax: (617) 328-5021