



Carbon-Monroe-Pike Mental Health and Developmental Services

Tina L. Clymer, MS, LPC

Consent for Case Management Services

I hereby give my permission to have _____
Assessed and referred for services, as agreed upon during the intake
Assessment at Carbon-Monroe-Pike Mental Health/Developmental
Services.

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

DATE: _____

WITNESS: _____

I have been informed of alternative mental health/developmental
services available to residents of Carbon, Monroe and Pike Counties.

Consumer Signature

File under Consents/Release

☐
Carbon County
428 South 7th Street
Suite 2
Lehighton, PA 18235-1824
610-377-0773
Fax 610-377-5003

☐
Monroe County
732 Phillips Street
Stroudsburg, PA 18360-1799
570-421-2901
Fax 570-424-7753 (MH)
Fax 570-421-6849 (DS)

☐
Pike County
10 Buist Road
Suite 404
Milford, PA 18337-9311
570-296-6484
Fax 570-296-6344