

1515 Indianola Ave. Columbus, Ohio 43201 (614) 294-2661

| | Client name: | |
|---|---------------------------------------|-----------------------------|
| | Client number: _ | |
| Date: | | |
| Dear | | |
| I have been trying to contact you to | schedule an appointment to start | services at Directions for |
| Youth & Families. Unfortunately, | I have not been successful in reach | ning you. |
| If you are still interested in services | s, please contact me by | at |
| in order to co | ontinue services. If I do not hear fi | rom you by this time, I wil |
| assume you are not interested in se | rvices from Directions for Youth | & Families at this time. |
| Should you need emergency care, p | please call NETCARE ACCESS a | at 614-276-2273 for adult |
| mental health and substance use cri | isis, Nationwide Children's Hospi | tal at 614-722-1800 for |
| youth mental health and substance | use crisis services or go to your no | earest emergency room. |
| Also you may call Hands On Centr | ral Ohio at 2-1-1 for additional cor | nmunity resources. If you |
| decide to resume services at this ag | gency please call the Intake Depart | tment at 614-294-2661. |
| Sincerely, | | |
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Directions for Youth and Families