

Name: _____

Date: _____

Aftercare

S E A N F A M I L Y B A S E D S E R V I C E S Q
G R W W Y D I N D I V I D U A L T H E R A P Y K
Q K G Z W B G C K O L S D F L U J U Y C T V L L
Y R S W V N W R W P A C Y C D J Z L N L Y H O V
N O E D X V K E B E T M K P M F U Z K X J L X C
F B L F O S Q H L B I T A L A Y Q O V L Q K B G
B P F F L E O A K J P G V V L R U C D F L K X U
D W H H X C S B T L S A D W A C E Y Y D F D H X
N Q E R K I W I U P O Q E J T E S H W H C B E V
D U L A Y V V L E L H J R I I J E Z T F B H O T
R P P Y E R C I M S T R A U P H M L T P W Y A A
T F G L W E O T J Y I X S A S S L R K V U G W P
M G R L F S S A C N R F L D O B R H G V V O P D
N O O E J D L T B R R U N B H J D A S H I G R R
F Z U T I N N I P Y K N F U L A B I Y C M G N G
M Q P O V U K O O M Z M U R A N C V U G Z Y Z O
C Q W Y H O M N K T N E Y S I F Z W W W Y I O A
N V R M B R D F O P N O T C T L E G P R U Q B M
C P T M R A K D R F K E U F R L Y M R S I X K A
H G R O U P H O M E U T P H A G S N F A M I L Y
W P K U H A O P Z R Y N C O P V S C P F B G N Z
C M J M H R Z R K L A I T N E D I S E R A G S S
B C E E O W Q K H I V E I U W T R Q H X U X U N
A G A N Q A W E Y E G G R R N P H E D S U I B T

FAMILY BASED SERVICES

WRAP AROUND SERVICES

INDIVIDUAL THERAPY

PARTIAL HOSPITAL

SELF HELP GROUP

REHABILITATION

GROUP THERAPY

RESIDENTIAL

GROUP HOME

HOSPITAL

FAMILY