## **Program Information**

Program Name & Physical address Individual & Family Therapy	Program Mailing Address P. O. Box 2647
2224 West 12th Street	Stillwater OK 74076
Stillwater OK 74074	
Program also known as:	`
Counseling Staff  Contact person name:	Title
Main Telephone (405) 377-3380	Fax (405) 377-3499
TTY/TTDOt	
	eb Address
Days/Hours of Operation M,W,F 8:00-5:00; T,Th 8:0	20.0.00
Description of Program in 200 words or less:	dividual and/or family therapy services to adolescents unselors hold at least a Master's degree in a mental
health-related field and are either licensed, or under	er supervision for licensure, in their respective counseling
fields. PCYS also has on-staff therapy interns who	o are working toward their Master's degree or Ph.D. in a
mental health-related field at Oklahoma State Univ	•
Client Eligibility Criteria12-18 years or in the 6th-1	2th grade. School-based services require referral from
the school site.	
None Fees	9
Contact PCYS to schedule an intake	e. The youth and parent/guardian must attend
intake prior to participation.	
Interpretation services available Languages spoken	upon request.
Payne and Pawnee Counties, Oklaho	oma
Is this a seasonal program? No Beginning date	Call for info Ending date
Form completed by:  Janet Fultz	Title
Please attach program pamphlets or other information	
Thank you!	