

CATSO Clinical Member Web Listing

Name: _____

If you wish to be included in the CATSO web site referral list, please circle all of the options that describe your practice:

Services: Evaluations Only Treatment Only Both Evaluations and Treatment

Populations: Children Adolescents Adults

Families Males Females

Spanish-Speaking Other-Language _____

Cognitive Impairment/ MR Psychiatric

Pre-Adjudication Attorney-Referred Court-Referred

Provide any changes to your contact information, if you wish to have your email address listed, please provide it here.

Briefly describe the sex offender services that you offer, and any limitations on your services that might assist the public in deciding whether to contact you.

Please Return to: CATSO Web
P.O. Box 301
Mansfield Center, CT 06250