

**DIVISION OF PROVIDER SERVICES & QUALITY ASSURANCE SUBSTANCE ABUSE TREATMENT SITES**

ADMINISTRATIVE SITE ONLY     
  TREATMENT SITE     
  ADD NEW SITE     
  SITE MOVE

(Complete a form for EACH administrative and/or currently licensed substance abuse treatment site)

Legal Name of Agency/Organization

Facility/Program Name/ DBA Name

Chief Executive Officer

Chief Executive Officer E-Mail & Phone Number

Corporate Compliance Officer

Corporate Compliance Officer E-Mail & Phone Number

Mailing Address

City

State

County

Zip Code

Physical Address

City

State

County

Zip Code

Telephone

FAX

Catchment Area (**For Funded Providers**)

Director or Site Supervisor (**Name and Title**)

Telephone

E-Mail

Clinical Supervisor (or equivalent position)

Telephone

E-Mail

Hours of Operation per Service Environment (attach list if necessary)

Agency Web Address

**SERVICES PROVIDED AT SITE:**

- Adult Residential
- Adolescent Residential
- Adult Outpatient
- Adolescent Outpatient

- Adult Partial Day Treatment
- Opioid Treatment Program
- Specialized Women's Services

- Adult Observational Detox
- Adult Medical Detox
- Mental Health Services

- Coed
- Male Only
- Female Only
- Non-Profit
- For Profit
- Faith Based Organization
- Independent Facility
- Correctional Facility

- Community Mental Health Center
- Hospital
- Drug Court Referrals Accepted
- Juvenile Drug Court Referrals Accepted
- Accredited by The Joint Commission
- Accredited by Commission on Accreditation of Rehabilitation Facilities
- Accredited by Council on Accreditation
- Accredited by American Correctional Association

Is the Substance Abuse Treatment Component for this site included in the accreditation? (Y/N) \_\_\_\_

Is the Mental Health Services Component for this site included in the accreditation? (Y/N) \_\_\_\_

Signature of person completing form and date