

**DIVISION OF AGING, ADULT & BEHAVIORAL HEALTH SERVICES
SUBSTANCE ABUSE TREATMENT SITE INFORMATION FORM**

Legal Name of Agency/Organization

Facility/Program Name/ DBA Name

Liaison Name

Liaison E-Mail Address

Mailing Address City State Zip Code County

Physical Address City State Zip Code County

Telephone Website Address Catchment Area (For Funded Providers)

SERVICES PROVIDED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adolescent Residential | <input type="checkbox"/> Adult Outpatient | <input type="checkbox"/> Adult Medical Detox |
| <input type="checkbox"/> Adolescent Outpatient | <input type="checkbox"/> Adult Partial Day Treatment | <input type="checkbox"/> Opioid Treatment Program (SOR2) |
| <input type="checkbox"/> Adult Residential | <input type="checkbox"/> Adult Observational Detox | <input type="checkbox"/> Specialized Women’s Services |
| <input type="checkbox"/> Juvenile Drug Court Outpatient | <input type="checkbox"/> Juvenile Drug Court Residential | <input type="checkbox"/> Incarceration |

MEDICATION ASSISTED TREATMENT TPYES

- | | |
|--|--|
| <input type="checkbox"/> Methadone – Oral (liquid or wafer) | <input type="checkbox"/> Buprenorphine – Implant (e.g. Probuphine) |
| <input type="checkbox"/> Buprenorphine – Sublingual/Buccal (e.g. Suboxone, Buprenorphine/Naloxone) | <input type="checkbox"/> Naltrexone – Oral |
| <input type="checkbox"/> Buprenorphine – Injectable (e.g. Sublocade) | <input type="checkbox"/> Naltrexone – Injectable (e.g. Vivitrol) |

SUBPROVIDERS (for funded providers)

Subprovider Name

Subprovider Name

Subprovider Name

Subprovider Name

Subprovider Name

Subprovider Name

Subprovider Name

Subprovider Name