

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Substance Abuse Treatment Facility
Program Site Information

Complete this page for each program site where services are to be provided.
 (Copy for multiple program sites).

License # _____

 Name of Program

Program Site Accreditation (for this physical address)

JCAHO CARF (Include copy of current accreditation)

 Mailing Address

Texas Department of State Health Services Other Licensure

 Physical Location Address

- General Hospital
- Specialty Hospital
- Private Psychiatric Facility
- Narcotic Treatment Program (Methadone)

 City State ZIP Code

(_____) _____

 Telephone County Region

Address Change
 Address moving from: _____

 Clinical Program Director

 Title

Program Setting: Alternative School Correctional Freestanding building Hospital House
 Other: _____

Physical Structure: Nbr. of buildings _____ Nbr. of floors _____ Approx. square footage _____

Client Fee Structure: Fixed fee Sliding fee scale No fee

Does this site co-locate with non CD treatment programs or service types? Yes No

Does this site comply with the Americans with Disabilities Act (ADA)? Yes No

Does this program site currently receive funding from DSHS? Yes No

Treatment Services

Fill in the **total** number of beds and/or outpatient slots. Check **ALL** boxes that apply for the services to be provided **at the above physical address**. Refer to Chapter 448 for description of treatment services.

Intensive Residential

- Male
- Female
- Adults
- Adolescent

Supportive Residential

- Male
- Female
- Adults
- Adolescent

Outpatient

- Male
- Female
- Adults
- Adolescent

Detoxification

Residential

- Male
- Female
- Adults
- Adolescent

Ambulatory (Outpatient)

- Male
- Female
- Adults
- Adolescent

Day Treatment

(Adolescents Only)

- Male
- Female

Total Beds: _____ **Total Outpatient Slots:** _____

Residential Program Sites – Complete this section

Does this site house chemically dependent Women with Children? Yes No

Is this a secure (locked) adolescent site? Yes No