

REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD FORM 2 – SITE LOCATION INFORMATION

NOTE 1: Adobe Reader or Adobe Pro is REQUIRED to fill this form. (Please download free Adobe Reader [here](#))

NOTE 2: Fields with red square around and marked with *, are REQUIRED fields.

Provider Name*: _____

Medicaid Site ID: _____

NPI*: _____

FEIN*: _____

Change Effective Date* (mm/dd/yyyy): _____

- (a) New Site
 (b) Relocation
 (c) Close Site
 (d) Add/Remove Services
 (e) Change Payment Address

NOTE: if (b) or (e) are checked, enter the prior site address below.

PRIOR Address 1: _____
 Address 2 (Bldg., Suite, Floor, Room.): _____
 City: _____ State: _____ Zip: _____

SITE INFORMATION:

Primary Contact Person: _____

Site Street Address 1: _____

Site Address 2 (Bldg., Suite, Floor, Room.): _____

Site City: _____ State: _____ Zip: _____

Site Phone: _____

Emergency Service Phone: _____

Payment Street Address 1: _____

Payment Address 2 (Bldg., Suite, Floor, Room.): _____

Payment City: _____ State: _____ Zip: _____

Payment Phone: _____

RESIDENTIAL SERVICES:

SERVICES	ADULT	CHILD
Supported (820)	<input type="checkbox"/>	<input type="checkbox"/>
Supervised (830)	<input type="checkbox"/>	<input type="checkbox"/>
Crisis (860)	<input type="checkbox"/>	<input type="checkbox"/>
CILA (620)	<input type="checkbox"/>	<input type="checkbox"/>

PRESCRIBER SERVICES:

Are Prescriber Services (MD, DO, APN, Licensed Prescribing Psychologist or LCP) available at this location to prescribe medications for DMH funded Consumers? Yes No

- If yes, what is the approximate number of hours of prescriber availability each month ___ ?

AVAILABLE SERVICES:

OUTPATIENT/RESIDENTIAL	ADULT		CHILD/ADOLESCENT	
Services	Add	Remove	Add	Remove
<i>Integrated Assessment and Treatment Planning (IATP)</i>				
<i>Crisis Intervention</i>				
<i>Therapy/Counseling</i>				
<i>Community Support</i>				
<i>Medication Monitoring</i>				
<i>Medication Training</i>				
<i>Medication Administration</i>				
<i>Case management</i>				
<i>Developmental Screening</i>				
<i>Developmental Testing</i>				
<i>Mental Health Risk Assessment</i>				
<i>Prenatal Care At-Risk Assess</i>				
<i>Telepsychiatry</i>				
<i>Family Support Program Services</i>				

DAY TREATMENT	ADULT		CHILD/ADOLESCENT	
Services	Add	Remove	Add	Remove
<i>Intensive Outpatient</i>				
<i>Psychosocial Rehabilitation</i>				

TEAM BASED	ADULT		CHILD/ADOLESCENT	
Services	Add	Remove	Add	Remove
<i>Assertive Community Treatment</i>				
<i>Community Support Team</i>				
<i>Violence Prevention Team</i>				

CRISIS RESPONSE	ADULT		CHILD/ADOLESCENT	
Services	Add	Remove	Add	Remove
<i>Mobile Crisis Response</i>				
<i>Crisis Stabilization</i>				

SPECIAL POPULATIONS SERVED:

- Homeless
- Geropsychiatric (Elderly with Mental Illness)
- Mental Illness/Substance Abuse
- Forensics – Adults
- Mental Illness/Developmental Disability
- Forensics – Children and Adolescents
- Deaf/Hard of Hearing
- 0-3 years of age

LANGUAGES SPOKEN BY THE DIRECT SERVICE STAFF (CHECK ALL THAT APPLY):

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Sudanese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Italian | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Kannada | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Mon-Khmer | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> German | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Persian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Polish | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese | Other: _____ |

HOURS OF OPERATION: (h:mm xm)
Leave blank for the day(s) business is CLOSED

Weekday	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

ACCESSIBILITY:

Accessible to individuals with disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accessible to public transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>