

Supplement # 4 Behavioral Health

APPLICANT NAME: _____

Services Provided:	<u># Residential Beds</u>	<u>#Annual Outpatient Visits</u>
<u>Adult and Family</u>		
<input type="checkbox"/> Mental health counseling	_____	_____
<input type="checkbox"/> Sexual offenders	_____	_____
<input type="checkbox"/> Alternative to incarceration	_____	_____
<input type="checkbox"/> Long term care/counseling for the mentally ill	_____	_____
<u>Children and Youth</u>		
<input type="checkbox"/> Youth at Risk	_____	_____
<input type="checkbox"/> Sexual Offenders	_____	_____
<input type="checkbox"/> Alternative to incarceration	_____	_____
<u>Employee Assistance Program</u>		
<input type="checkbox"/> Referral only	_____	_____
<input type="checkbox"/> Counseling and referral	_____	_____
<u>Vocational/Physical Rehabilitation</u>		
<input type="checkbox"/> Elderly	_____	_____
<input type="checkbox"/> Acquired brain Injury	_____	_____
<input type="checkbox"/> Sports Injury	_____	_____
<input type="checkbox"/> Spinal Injury	_____	_____

Residential Programs

1. Total Number of residents in the following age ranges:
 - Under 18 years _____
 - 18 to 65 years _____
 - Over 65 years _____
 2. Do any residents have Alzheimer's or suffer from dementia? _____
 3. Residents are: Male Female Both
 4. How are residents separated:
 - Gender Age Treatment Program
 5. Average length of stay by residents: _____
 6. How many residential locations are run by the applicant? _____
 7. Any location with 25 beds or more beds? Yes No
- If yes, please identify each location (provide additional sheet if necessary):

Name/Address of Location	#Beds
_____	_____
_____	_____
_____	_____
_____	_____

8. Any facilities or programs operated outside of the United States? Yes No
If yes, please identify country and describe the type of program: _____

9. Locations Indicate Client/Staff Ratio for each service: _____
10. Are physical or mechanical restraints EVER used at any facility? Yes No
If Yes, describe in detail (1) the frequency, (2) type of restraint used, (3) the circumstances when used, and (4) Staff training, supervision and monitoring of restraint use. _____

11. Describe the security measures for each residential facility: _____

12. How are residents referred to the applicant's services? _____

13. Do you provide acute psychiatric care? Yes No
If Yes, describe _____
14. Do you provide residential assisted living services for the elderly? Yes No