

Application For Licensing to Provide SUBSTANCE ABUSE TREATMENT SERVICES

Submission Date (Month/Day/Year) Click or tap here to enter text.
☐New Application
□Renewal
□Relocation
Anticipated
Relocation Date:
□Change in organization

MYFLFAMILIES.COM	и				Anticipate Relocatio □Change	n Date	: ganization
I.SERVICE PROVIDER IN	FORMA [*]	TION					
Service Provider Legal Name HEADQUARTERS name) Click or tap here to enter to	RATE		2. Federal I Click or ta here to er text.	ар	3. National Provider ID (NPI) Click or tap here to enter text.		
4. Name of the Service Providers	s Owner			5. Cor	porate Webs	ite Addre	ess
6. Corporate / Owner's Mailing A	ddress						
6a. City		6b. State			6c. Zip Cod	е	6d. County
7. Circuit/Region		8. Telephone (Area Coo	de & Number)		9. Fax Telep	ohone (A	Area Code & Number)
10. Physical Address (If different	from maili	ng address					
40 0"	401 01 1		10 7: 0 1			40 1 0	
10a. City	10b. State	e	e 10c. Zip Code		10d. County		
10e. Provider Point of Contac	t Email A	ddress					
11. Is the applicant accredited organizations information belonged Name of the Accrediting Organization	ow:		proved by the de	epartn	nent? If so, _I	olease i	include the accrediting
□Three-Year □One-Year Accreditation Expiration Date: For renewals, please submit the most recent accreditation survey report with this application including changes in accreditation status					on including changes in		
12. Type of Legal Entity: Che	ck the app	plicable box(es) below:					
□Profit; check type of "For Profit" below: Please check applicable boxes: □Private Practitioner □Faith-Based Provider □Community Substance Abuse Coalition			□Non □Fore		mited Liabili	ty Partr	nership
13. Is the Agency incorporated with the State of Florida? □Yes □No		14. If so, is the requires subm □Yes	ission			Non-Profit Corporation	

If incorporated, submit the names of the owner, board members, officers and shareholders. (*Must be Background screened per Section 397.4073, F.S., and Chapter 453, F.S.)		
15. Name of Owner*		
16a. Name of the Chief Executive Officer*	16b. Chief Executive Officer's Email Address	
17. Name of the Chief Financial Officer*		
17. Name of the official mandar officer		
18. Name of the Staff Training Coordinator		
40 Name and another in all in one a month of Madical Director		
19. Name and professional license number of Medical Director intensive inpatient treatment, residential treatment, day or night addiction). Submit proof of a valid medical license accompanion		
a. A copy of photo identification matching that of the p	physician named on the medical license; and	
director, and specifying for which component he or intensive inpatient treatment, residential treatment,	s (1) employed or contracted by the provider as a medical she is acting (addictions receiving facility, detoxification, or methadone medication-assisted treatment); and (2) actor for no more than 10 facilities within a 200-mile radius.	
Name of Medical Director*:	License Number:	

EXEMPTIONS: Pursuant to Chapter 397.4014, F.S., Inmate Substance Abuse Programs are exempt from providing specific documentation in the application process. "Inmate Substance Abuse Services" means any service component as defined in S. 397.311 provided directly by the Department of Corrections and licensed and regulated by the Department of Children and Families pursuant to Chapter 397.752 – 397.754, F.S. or provided through contractual arrangements with a service provider licensed pursuant to Chapter 397, Part VIII, or any self-help program or volunteer support group operating for inmates.

An application without the applicable licensure fee as required under Section 397.407, Florida Statutes and Section 65D-30.0035, Florida Administrative Code, will be returned to the applicant. An application for renewal of a regular license must be submitted to the Department at least 60 calendar days before the license expires. A late fee of \$100 per license component shall be assessed for the late filing of an application as required under Section 397.407(2) Florida Statutes.

Please make check payable to the Florida Department of Children and Families.

I attest that the information provided is true, accurate and complete to the be	est of my knowledge.
Signature of the Chief Executive Officer (Original signature only)	Date (month, day, year)
Renewal Attestation I,, attest as follows:	
(1) Pursuant to section 408.809, 435.05, 397.4073, Florida Statutes, every e has attested, subject to penalty of perjury to meeting the requirements for que Part II and Chapter 435 Florida Statute, and has agreed to inform the employed disqualifying offenses while employed by the employer.	alifying employment pursuant to Chapter 408,
(2) Pursuant to section 435.05 Florida Statutes, the applicant has conducted employee required to be screened under Chapter 408, Part II or Chapter 435 and continued employment and that every such employee has satisfied the lobtained an exemption from disqualification from employment.	5 Florida statutes, as a condition of employment
(3) There have been no changes made to the following (please check all that	t apply):
□Policy and Procedure Manual	
□Organizational Chart	
□Verification of Qualified Professional(s) (Must be resubmitted ever	y 3 years)
□Service Fee/Service Component	
Note: If changes have occurred, the Provider must submit the curre PLADS in order to be processed with the renewal application. All ot must be submitted on an annual basis. For new applicants, all requir process your application.	her required documentation for renewal
Signature of the Chief Executive Officer (Original signature only)	Date (month , day, year)

II. PROGRAM COMPONENT INFORM (If the site has multiple buildings, pl		tross for each bui	Idina)	
1. Name of Site (e.g., Courtney's House of Hop	e)	iress for each but	2. Telephone (Are	ea Code Number)
2. Chroat Address		A Divilalia a Novada a F	Dages Number Cuita	
3. Street Address		4. Building Number, F	Room Number, Suite, e	etc.
5. City	6. State FLORIDA	7. Zip Code	8. Circuit/Region	9. County
10. Current License Number	,	11. Current License E	xpiration Date (MM/DI	D/YY)
12. Name of Program Director*		13. Name of Clinical	Director*	
-				
14. Type of Service Component (please check	all that apply for this	location):		
14a. Addictions Receiving Facility:	14e. Day or Night 7	Treatment	14i. Aftercare Prog	ırams:
☐ Please check if you are seeking	Programs with		☐ Aftercare	
designation and a license	Housing:		☐ Overlay Services	3
☐ Addiction Receiving Facility	☐ Day or Night Trea	atment Programs	Address(es):	
☐ Juvenile Addictions Receiving	with Community	•	Telehealth offered:	☐ Yes ☐No
Facility	Location of	=		
☐ Integrated		capacity:	Public Funding Sou	
Licensed Bed Capacity:			□Department of C	
Address(es):	Telehealth offered:	⊔ Yes ⊔No	□Department of Ju	uvenile Justice th Care Administration
Telehealth offered: ☐ Yes ☐ No	Public Funding Sou	irces Accented:		hildren and Families
	□ Department of C			
Public Funding Sources Accepted:	□Department of Jι			ons with Disabilities
□ Department of Corrections	□Agency for Healt		□Medicaid	
☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	Administration		□Medicare	
□ Department of Children and Families	□ Department of C			
(includes managing entities)	Families (includes	managing entities) ons with Disabilities	Private Funding Sc	ources Accepted:
☐ Agency for Persons with Disabilities	☐ ☐ Medicaid	ons with disabilities	□Private Pay	
□Medicaid	□Medicare		☐Blue Cross Blue	
□Medicare	□iviedicare		☐Sunshine Health	
	Private Funding So	urces Accented:	□Aetna □Humana	
Private Funding Sources Accepted:	☐ Private Pay	arces Accepted.	□ □ ⊓umana □ □United Healthcar	ra
□ Private Pay	☐Blue Cross Blue	Shield	☐Other: (Please S	
☐ Blue Cross Blue Shield	☐Sunshine Health			p
□Sunshine Health □Aetna	□Aetna			
□ ⊟Aetila □ □ Humana	□Humana		14j. Intervention P	rograms:
☐United Healthcare	☐United Healthcar		☐ Case Manageme	_
□ Other: (Please Specify)	□Other: (Please Specify)		☐ General Interven	
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	446 0 45 14 5	· · · · · · · · · · · · · · · · · · ·	☐ Employee Assist	-
14b. Detoxification Programs:	14f. Day or Night T	reatment	☐ Treatment Altern	
☐ Inpatient Detoxification	Programs:		Communities (1	•
Licensed Bed Capacity:	☐ Day or Night Trea		☐ Overlay Services	
☐ Inpatient Methadone Detoxification	☐ Overlay Services		Address(es): Telehealth offered:	
Licensed Bed Capacity:	Address(es): Telehealth offered:	□ Vos □No	Teleficalul Ollefed.	□ 1C3 □INO
☐ Outpatient Detoxification	referrealth offered.	□ 169 □INO		
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☐ Outpatient Methadone Detoxification	Public Funding Sources Accepted:	Public Funding Sources Accepted:
·	☐Department of Corrections	☐Department of Corrections
☐ Mobile Units (<i>If so please complete</i>	☐Department of Juvenile Justice	□Department of Juvenile Justice
section 18)	☐Agency for Health Care	☐ Agency for Health Care Administration
Address(es): Telehealth offered: ☐ Yes ☐ No	Administration	□Department of Children and Families
reieneaith ollered: Yes No	□ Department of Children and	(includes managing entities)
Public Funding Sources Accepted:	Families (includes managing entities) ☐ Agency for Persons with Disabilities	☐ Agency for Persons with Disabilities
□ Department of Corrections	☐ Medicaid	□Medicaid
□ Department of Juvenile Justice		□Medicare
☐ Agency for Health Care Administration	□Medicare	
□Department of Children and Families	Delicate Francisco Oceano de Accepto I	Private Funding Sources Accepted:
(includes managing entities)	Private Funding Sources Accepted:	□Private Pay
☐Agency for Persons with Disabilities	□Private Pay □Blue Cross Blue Shield	□Blue Cross Blue Shield
□Medicaid	☐Sunshine Health	☐Sunshine Health
□Medicare	□ Aetna	□Aetna
	⊟Humana	□Humana
Private Funding Sources Accepted:	☐United Healthcare	☐United Healthcare
□ Private Pay	☐Other: (Please Specify)	□Other: (Please Specify)
☐Blue Cross Blue Shield	Guier. (Flease openity)	
☐Sunshine Health		
□Aetna		14k. Prevention Programs:
□Humana	14g. Intensive Outpatient Programs:	☐ Universal Direct
□United Healthcare	☐ Intensive Outpatient Treatment	☐ Selective
□Other: (Please Specify)	☐ Overlay Services	☐ Indicated
	☐ Mobile Unit (<i>If so please complete</i>	Address(es):
	section 18)	Telehealth offered: ☐ Yes ☐ No
		,
14c. Intensive Inpatient Treatment	Address(es):	
14c. Intensive Inpatient Treatment Programs:	Address(es): Telehealth offered: □ Yes □No	Public Funding Sources Accepted:
-	Telehealth offered: ☐ Yes ☐ No	□Department of Corrections
Programs: ☐ Intensive Inpatient Treatment	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted:	□Department of Corrections □Department of Juvenile Justice
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity:	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections	□ Department of Corrections□ Department of Juvenile Justice□ Agency for Health Care Administration
Programs: ☐ Intensive Inpatient Treatment	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice	 □ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es):	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities)
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es):	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities)	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted:
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities)	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare Private Funding Sources Accepted:	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare	Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna □ Humana
Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare Private Funding Sources Accepted:	Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay □Blue Cross Blue Shield	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna □ Humana □ United Healthcare
Programs: ☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare Private Funding Sources Accepted: ☐ Private Pay	Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay □Blue Cross Blue Shield □Sunshine Health	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna □ Humana
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Programs: ☐ Intensive Inpatient Treatment ☐ Licensed Bed Capacity: Address(es): ☐ Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare Private Funding Sources Accepted: ☐ Private Pay ☐ Blue Cross Blue Shield ☐ Sunshine Health ☐ Aetna	Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay □Blue Cross Blue Shield □Sunshine Health □Aetna □Humana □United Healthcare	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna □ Humana □ United Healthcare □ Other: (Please Specify)
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	_	☐ Overlay Ser	vices	☐ Medication Ur	nit	
		☐ Mobile Unit (If so please complete		☐ Mobile Unit (<i>If so please complete</i>		
14d. Residential Pro	_	section 18)		section 18)		
☐ Level 1; Total Bed	•	Address(es): Telehealth offered: ☐ Yes ☐No			m Capacity: _	
☐ Level 2; Total Bed	•	Telenealth oπe	erea: ⊔ Yes ⊔No	Address(es): Telehealth offere	od: □ Voc □	No.
☐ Level 3; Total Bed		Public Funding	Sources Accepted:	relefication offere	eu. 🗆 1es 🗆	INO
☐ Level 4; Total Bed	•	□Department	of Corrections	Public Funding	Sources Acce	epted:
Address(es):	pacity:		of Juvenile Justice	□Department o		
Telehealth offered:	□ Yes □No	☐Agency for H Administration		☐Department o☐Agency for He		
			of Children and	☐Department o		
Public Funding Sour Department of Co			des managing entities)	(includes manag	ging entities)	
□Department of Juv		□ Agency for F □ Medicaid	Persons with Disabilities	☐ Agency for Pe	ersons with D	isabilities
	Care Administration	□Medicare		□Medicaid		
☐ Department of Ch		□ivicalcare		□Medicare		
(includes managing □Agency for Person		Private Fundin	g Sources Accepted:	Private Funding	Sources Acc	epted:
□Medicaid		□Private Pay	Disco Olivia	□Private Pay		'
□Medicare		☐Blue Cross ☐Sunshine He		☐Blue Cross B		
		□Aetna	oditii	☐Sunshine Hea	ailti	
Private Funding Sou □Private Pay	irces Accepted:	□Humana		□Humana		
☐Blue Cross Blue	Shield	☐ United Healthcare		□United Health		
□Sunshine Health		□Other: (Please Specify)		□Other: (Pleas	e Specify)	
□Aetna						
☐ Humana☐ United Healthcare						
☐ Other: (Please Sp						
15. Hours during which	ch the program is open:		16. Submit with this applied areas below (including applied)			or applicable
			a. cac a c. c (c.a ag a.p	•	piration Date:	
Monday:	to	☐ Closed	Fire and Safety:		□Yes	
Tuesday:	to	☐ Closed	Health Standards:		□Yes □N/	A
Wednesday:	to	☐ Closed	Facility Inspection:		□Yes □N/	A
Thursday:	to	☐ Closed	Food Services		□Yes	
Friday:	to	☐ Closed	Zoning Compliance:		□Yes	
Saturday:	to		Property Insurance:			
Sunday:	to	☐ Closed	Professional Liability Insu	rance:	□Yes	
		☐ Closed				
			Recovery Residence Ref	erral Log:	□Yes □N/A	L
			Attestation of Good Mora	Character:	□Yes	
			Policy & Procedure Manu	al:	□Yes □N/A	<u>.</u>
			Current Organizational Cl	nart:	□Yes	
			Level 2 Background Scre		□Yes	
			·	=		

Verification of Qualifies Professional(s):	□Yes
Service Fee Schedule	□Yes
Policies regarding an Individual's financia	l responsibility:
□Yes	
Provide proof of the ability and provision of	of meals for the following:
Addiction receiving facilities: $\square Yes$	
Day and Night Treatment, If appli	icable: □Yes
Residential Treatment: □Yes	
Day and Night Treatment, If appli	icable: □Yes
Day or Night Treatment with Commur	nity Housing: □Yes
Inpatient Detoxification: $\square Yes$	
Intensive Inpatient Treatment: \Box Yes	
Note: Inmate Substance Abuse Programs that an with the Department of Corrections, Department of Department of Management Services are exempt Insurance and Recovery Residence Log requirem	of Juvenile Justice or the trom the Professional Liability

	. Medication-Assisted Treatment (i.e., programs which use methadone or other medications for treating opioid addiction). Submit pies of approval documents with this application.				
	□Verification of the services of a consultant pharmacist				
	□Not Applicable				
Please	Note: Drug Enforcement Agency (DEA) registration and	verification of Substance Abuse and Mental Health Services			
	Administration (SAMHSA) certification are required pri	or to the issuance of a regular license.			
	hadone Mobile Unit. If providing mobile methadone medicatients with this application.	ion assisted treatment unit services, submit copies of required			
	$\Box A$ description of the vehicle: Size, capacity, configuration	(identifying medication storage areas, record keeping areas, public			
	service/treatment areas) and security features to safeguate served.	ard the vehicle, medication, and safety of staff and individuals			
	\square Description of the targeted population, geographical serv	ice area, and hours of operation			
	$\square \mbox{Attestation}$ that the mobile medication unit complies with	Title 21 of the Code of Federal Regulations, Parts 1300, 1301,			
	and 1304, 42 Code of Federal Regulations, Part 8, and 0	Chapter 65D-30, Florida Administrative Code.			
	\square Copy of all existing applicable state and federal certificat	ions, licenses and approvals.			
	☐Security plans for the mobile medication-assisted treatme	ent and medication, including procedure to transport, secure, and			
	log any medication back inside the licensed provider site at the end of the business day.				
	☐ Written plan to participate in the state's central registry.				
	□Contingency plans for mobile unit closure including but not limited to: adverse weather events, human-induced disasters,				
	unit breakdown, and vehicle maintenance plan.				
	\square Written plan for disaster preparedness and include plans to secure, operate, and staff the mobile unit.				
Please	Note: Drug Enforcement Agency (DEA) registration and	verification of Substance Abuse and Mental Health Services			
	stration (SAMHSA) certification are required prior to the e all staff and volunteers who have direct contact with	issuance of a regular license. 20. What is the maximum number of clients that can be served in			
clients u disabiliti	inder the age of 18 years or adults with developmental less been fingerprinted and screened in accordance with 397.4073(1)(a), Florida Statues?	this component on a given day? Click or tap here to enter text.			
	□Yes □No □Not Applicable				
21. Targ	get Population:				
		□Black(Non-Hispanic)			
	☐Other (please describe) Click or tap here to enter text.				
22. List	any special population group targeted for services				
	□Children	□HIV/AIDS			
	□Women	☐Hearing Impaired			
	□Adolescents	□Visually Impaired			
	□Homeless	□ Older Adults			
	□Criminal Justice-Involved Adults	□Co-occurring			
	□Juvenile Justice-Involved Youth	□Intravenous Drug Users			
	□Pregnant and Post-Partum Women	☐Other (Please describe other group):			
	□Pregnant and Post-Partum Adolescents	Click or tap here to enter text.			

	23. List the complete names of agencies and practitioners with which you have written referral agreements, contracts, or subcontracts, and check the type of business relationship					
;	a)	□Agreement	□Contract	\square Subcontract	\square Other (specify):Click or tap here to enter text.	
ا	b)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
	c)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
	d)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
(e)	□Agreement	□Contract	□Subcontract	□Other (specify):Click or tap here to enter text.	

II. PROGRAM COMPONENT INFOR		duana fau anah basi	Idio a \	
(If the site has multiple buildings, p 1. Name of Site (e.g., Courtney's House of Pe	ace)	dress for each bui	2. Telephone (Area Code Number)	
3. Street Address		4. Building Number, F	4. Building Number, Room Number, Suite, etc.	
5. City	6. State FLORIDA	7. Zip Code	8. Circuit/Region 9. County	
10. Current License Number		11. Current License E	xpiration Date (MM/DD/YY)	
12. Name of Program Director*		13. Name of Clinical I	Director*	
14. Type of Service Component (please chec	k all that apply for thi	s location):		
14a. Addictions Receiving Facility:	14e. Day or Night	Treatment	14i. Aftercare Programs:	
☐ Please check if you are seeking	Programs with		☐ Aftercare	
designation and a license	Housing:		☐ Overlay Services	
☐ Addiction Receiving Facility	☐ Day or Night Tre	-	Address(es):	
☐ Juvenile Addictions Receiving	with Communit	-	Telehealth offered: ☐ Yes ☐ No	
Facility	Location o	ŭ		
☐ Integrated		Capacity:	Public Funding Sources Accepted:	
Licensed Bed Capacity:	Address(es):		□ Department of Corrections	
Address(es):	Telehealth offered	: ⊔ Yes ⊔No	Department of Juvenile Justice	
Telehealth offered: ☐ Yes ☐ No	Dublic Eunding Sc	uraca Accepted:	□ Agency for Health Care Administration□ Department of Children and Families	
	Public Funding Sc		(includes managing entities)	
Public Funding Sources Accepted:	□Department of J		☐Agency for Persons with Disabilities	
☐Department of Corrections	☐Agency for Health Care		□Medicaid	
□Department of Juvenile Justice	Administration		□Medicare	
□ Agency for Health Care Administration	□Department of 0		_ medical c	
□ Department of Children and Families		managing entities)	Private Funding Sources Accepted:	
(includes managing entities) □Agency for Persons with Disabilities		ons with Disabilities	□Private Pay	
☐ Medicaid	□Medicaid		☐Blue Cross Blue Shield	
	□Medicare		☐Sunshine Health	
□Medicare			□Aetna	
Private Funding Sources Accepted:	Private Funding S	ources Accepted:	□Humana	
Private Pay	□ Private Pay □ Blue Cross Blue	o Shiold	☐United Healthcare	
□Blue Cross Blue Shield	☐Sunshine Health		□Other: (Please Specify)	
☐Sunshine Health	□Aetna	'		
□Aetna	□Humana			
□Humana	☐United Healthca	re		
□United Healthcare	□Other: (Please Specify)		14j. Intervention Programs:	
□Other: (Please Specify)			☐ Case Management	
			☐ General Intervention	
	14f. Day or Night	Treatment	☐ Employee Assistance Program	
14b. Detoxification Programs:	Programs:		☐ Treatment Alternatives for Safer	
☐ Inpatient Detoxification	☐ Day or Night Tre	eatment	Communities (TASC)	
Licensed Bed Capacity:	☐ Overlay Service		☐ Overlay Services	
☐ Inpatient Methadone Detoxification	Address(es):		Address(es):	
Licensed Bed Capacity:	Telehealth offered		Telehealth offered: ☐ Yes ☐ No	
☐ Outpatient Detoxification				

☐ Outpatient Methadone Detoxification		
☐ Mobile Units (<i>If so please complete</i>	Public Funding Sources Accepted:	Public Funding Sources Accepted:
section 18)	☐Department of Corrections	☐Department of Corrections
•	☐Department of Juvenile Justice	□Department of Juvenile Justice
Address(es): Telehealth offered: ☐ Yes ⊠No	☐Agency for Health Care	☐ Agency for Health Care Administration
relenealth offered. Tes Ano	Administration	☐Department of Children and Families
Dublic Funding Courses Assented	□ Department of Children and	(includes managing entities)
Public Funding Sources Accepted:	Families (includes managing entities)	☐Agency for Persons with Disabilities
Department of Corrections	☐ Agency for Persons with Disabilities	□Medicaid
Department of Juvenile Justice	□Medicaid	□Medicare
☐ Agency for Health Care Administration	□Medicare	
☐ Department of Children and Families (includes managing entities)		Private Funding Sources Accepted:
☐ Agency for Persons with Disabilities	Private Funding Sources Accepted:	□Private Pay
☐ Medicaid	□Private Pay	☐Blue Cross Blue Shield
	☐Blue Cross Blue Shield	☐Sunshine Health
□Medicare	☐Sunshine Health	□Aetna
	□Aetna	□Humana
Private Funding Sources Accepted:	□Humana	□United Healthcare
□ Private Pay	□United Healthcare	□Other: (Please Specify)
☐Blue Cross Blue Shield	□Other: (Please Specify)	, , ,
☐Sunshine Health		
□Aetna		44k Dravantian Branzama
□Humana		14k. Prevention Programs:
☐ United Healthcare	14g. Intensive Outpatient Programs:	☐ Universal Direct
□Other: (Please Specify)	☐ Intensive Outpatient Treatment	☐ Selective
	·	☐ Indicated
	☐ Overlay Services	Address(es):
14c. Intensive Inpatient Treatment	☐ Mobile Unit (<i>If so please complete</i>	Telehealth offered: ☐ Yes ☐ No
Programs:	section 18)	
☐ Intensive Inpatient Treatment	Address(es):	Public Funding Sources Accepted:
Licensed Bed Capacity:	Telehealth offered: ☐ Yes ☐No	□ Department of Corrections
Address(es):		□Department of Juvenile Justice
Telehealth offered: ☐ Yes ☐ No	Public Funding Sources Accepted:	☐ Agency for Health Care Administration
	□ Department of Corrections	□Department of Children and Families
Public Funding Sources Accepted:	□Department of Juvenile Justice	(includes managing entities)
□Department of Corrections	☐ Agency for Health Care	□Agency for Persons with Disabilities □Medicaid
☐Department of Juvenile Justice	Administration	
☐ Agency for Health Care Administration	□Department of Children and Families (includes managing entities)	□Medicare
☐Department of Children and Families	☐ Agency for Persons with Disabilities	
(includes managing entities)	☐ Medicaid	Private Funding Sources Accepted:
□Agency for Persons with Disabilities		□Private Pay
□Medicaid	□Medicare	☐Blue Cross Blue Shield
□Medicare		☐Sunshine Health
	Private Funding Sources Accepted:	□Aetna
Private Funding Sources Accepted:	□Private Pay	□Humana
□Private Pay	☐Blue Cross Blue Shield	☐United Healthcare
☐Blue Cross Blue Shield		
	☐Sunshine Health	☐Other: (Please Specify)
☐Sunshine Health	□Sunshine Health □Aetna	
□Sunshine Health □Aetna	□Sunshine Health □Aetna □Humana	
	□Sunshine Health □Aetna □Humana □United Healthcare	□Other: (Please Specify)
□Aetna	□Sunshine Health □Aetna □Humana	
□Aetna □Humana	□Sunshine Health □Aetna □Humana □United Healthcare	□ Other: (Please Specify) ———————————————————————————————————

			Maintenance Treatment	
	14h. Outpatient Programs:		☐ Medication Unit	
14d. Residential Programs:	☐ Outpatient Treatment		☐ Mobile Unit (<i>If so please complete</i>	
☐ Level 1; Total Bed Capacity:	☐ Overlay Services		section 18)	
☐ Level 2; Total Bed Capacity:		(If so please complete	Maximum Capacity:	
☐ Level 3; Total Bed Capacity:	section 18) Address(es): _		Address(es): Telehealth offered: ☐ Yes ☐No	
	Telehealth offe	ered: ☐ Yes ☐No	referrediationered. In 165 Inter-	
Licensed Bed Capacity: Address(es): Telehealth offered: \(\text{Yes} \) \(\text{No} \) Public Funding \(\text{Department} \) \(\text		g Sources Accepted: of Corrections of Juvenile Justice Health Care of Children and des managing entities) Persons with Disabilities g Sources Accepted: Blue Shield ealth	Public Funding Sources Accepted: Department of Corrections Department of Juvenile Justice Agency for Health Care Administration Department of Children and Families (includes managing entities) Agency for Persons with Disabilities Medicaid Medicare Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health Aetna Humana United Healthcare Other: (Please Specify)	
15. Hours during which the program is open:		16. Submit with this applic areas below (including ap	cation evidence of compliance for applicable oplicable expiration date): Expiration Date:	e
Monday: to	☐ Closed	Fire and Safety:	□Yes	
Tuesday: to	☐ Closed	Health Standards:	□Yes □N/A	
Wednesday: to	☐ Closed	Facility Inspection:	□Yes □N/A	
Thursday: to	☐ Closed	Food Services	□Yes	
Friday: to	☐ Closed	Zoning Compliance:	□Yes	
Saturday: to	□ Closed	Property Insurance:	□Yes	
Sunday: to	☐ Closed	Professional Liability Insu	irance:	
		Recovery Residence Refe	erral Log: □Yes □N/A	

	İ	
	Policy & Procedure Manual:	□Yes □N/A
	Current Organizational Chart:	□Yes
	Level 2 Background Screening:	□Yes
	Verification of Qualifies Professional(s):	□Yes
	Service Fee Schedule	□Yes
i	Policies regarding an Individual's financia	l responsibility:
	□Yes	
	Provide proof of the ability and provision	of meals for the following:
	Addiction receiving facilities: □Yes	
	Day and Night Treatment, If appl	icable: □Yes
	Residential Treatment: □Yes	
	Day and Night Treatment, If appl	icable: □Yes
	Day or Night Treatment with Commu	nity Housing: □Yes
	Inpatient Detoxification: □Yes	
	Intensive Inpatient Treatment: □Yes	
	Note: Inmate Substance Abuse Programs that ar with the Department of Corrections, Department Department of Management Services are exemp Insurance and Recovery Residence Log requiren	of Juvenile Justice or the t from the Professional Liability

	17. Medication-Assisted Treatment (i.e., programs which use methadone or other medications for treating opioid addiction). Submit copies of approval documents with this application.			
	□Verification of the services of a consultant pharmacist			
	□Not Applicable			
Please	Please Note: Drug Enforcement Agency (DEA) registration and verification of Substance Abuse and Mental Health Services			
	Administration (SAMHSA) certification are required pri	or to the issuance of a regular license.		
	hadone Mobile Unit. If providing mobile medication assisted s application.	treatment unit services, submit copies of required documents		
	$\hfill\Box$ A description of the vehicle: Size, capacity, configuration public	on (identifying medication storage areas, record keeping areas,		
	service/treatment areas) and security features to safeguate served.	ard the vehicle, medication, and safety of staff and individuals		
	\square Description of the targeted population, geographical serv	ice area, and hours of operation.		
	$\square \mbox{Attestation}$ that the mobile medication unit complies with	Title 21 of the Code of Federal Regulations, Parts 1300, 1301,		
	and 1304, 42 Code of Federal Regulations, Part 8, and 0	Chapter 65D-30, Florida Administrative Code.		
	\square Copy of all existing applicable state and federal certificat	ions, licenses and approvals.		
	☐ Security plans for the mobile medication-assisted treatment and medication, including procedure to transport, secure, and			
	log any medication back inside the licensed provider site at the end of the business day.			
	□Contingency plans for mobile unit closure including but not limited to: adverse weather events, human-induced disasters,			
	unit breakdown, and vehicle maintenance plan.			
	\square Written plan for disaster preparedness and include plans to secure, operate, and staff the mobile unit.			
Please	Please Note: Drug Enforcement Agency (DEA) registration and verification of Substance Abuse and Mental Health Services			
	stration (SAMHSA) certification are required prior to the			
clients u disabiliti	e all staff and volunteers who have direct contact with under the age of 18 years or adults with developmental ies been fingerprinted and screened in accordance with 397.4073(1)(a), Florida Statues?	20. What is the maximum number of clients that can be served in this component on a given day? Click or tap here to enter text.		
	□Yes □No □Not Applicable			
21. Targ	jet Population:			
	\square White (Non-Hispanic) \square American Indian \square Hispanic	□Black (Non-Hispanic)		
00 1: 1	☐Other (please describe) Click or tap here to enter text.			
22. List	any special population group targeted for services			
	□ Children	□HIV/AIDS		
	□Women	☐Hearing Impaired		
	□Adolescents	□Visually Impaired		
	□Homeless	□ Older Adults		
	□Criminal Justice-Involved Adults	☐Co-occurring		
	□Juvenile Justice-Involved Youth	□Intravenous Drug Users		
	□Pregnant and Post-Partum Women	□Other (Please describe other group):		
	□Pregnant and Post-Partum Adolescents	Click or tap here to enter text.		

	23. List the complete names of agencies and practitioners with which you have written referral agreements, contracts, or subcontracts, and check the type of business relationship				
f	()	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.
ç	g)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.
ł	1)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.
i)	□Agreement	□Contract	□Subcontract	\Box Other (specify):Click or tap here to enter text.
j)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.

(If the site has multiple buildings, p 1. Name of Site (e.g., Courtney's House of Lov	re)		2. Telephone (Are	ea Code Number)
3. Street Address		4. Building Number, Room Number, Suite, etc.		
5. City 6. State FLORIDA		7. Zip Code	8. Circuit/Region	9. County
10. Current License Number	1	11. Current License I	Expiration Date (MM/D	D/YY)
12. Name of Program Director*		13. Name of Clinical	Director*	
14. Type of Service Component (please check	all that apply for this	location):		
14a. Addictions Receiving Facility:	14e. Day or Night 1	Treatment	14i. Aftercare Prog	ırams:
□ Please check if you are seeking	Programs with		☐ Aftercare	,
designation and a license	Housing:	,	☐ Overlay Services	•
□ Addiction Receiving Facility	☐ Day or Night Trea	atment Programs	Address(es):	,
☐ Juvenile Addictions Receiving	with Community	/ Housing	Telehealth offered:	□ Yes □No
· ·	Location of	Housing:		
Facility	Total Bed C	apacity:		
☐ Integrated	Address(es):		Public Funding So	urces Accepted:
Licensed Bed Capacity:	Telehealth offered: ☐ Yes ☐ No		□ Department of Corrections	
Address(es): Telehealth offered: ☐ Yes ☐No	Public Funding Sources Accepted:		□Department of J	
Telefleatiff Offered. Tes INO	□ Department of Corrections			th Care Administration
Public Funding Sources Accepted:	□ Department of Juvenile Justice			children and Families
☐ Department of Corrections	☐ Agency for Healt		(includes managing	g entities) ons with Disabilities
□Department of Juvenile Justice	Administration	-	☐ Medicaid	ons with Disabilities
☐ Agency for Health Care Administration	□Department of C			
□ Department of Children and Families	Families (includes managing entities)		□Medicare	
(includes managing entities)	☐ Agency for Persons with Disabilities ☐ Medicaid		Private Funding So	ources Accepted:
□ Agency for Persons with Disabilities □ Medicaid			□ Private Pay	ources Accepted.
	□Medicare		☐Blue Cross Blue	e Shield
□Medicare			☐Sunshine Health	
Drivete Funding Courses Assented	Private Funding So	ources Accepted:	□Aetna	
Private Funding Sources Accepted: □Private Pay	□Private Pay	Shiold	□Humana	
☐Blue Cross Blue Shield	□Blue Cross Blue Shield		□United Healthca	re
□Sunshine Health	☐Sunshine Health ☐Aetna		□Other: (Please S	Specify)
□Aetna	□Humana			
□Humana	☐United Healthcar	·e		
□United Healthcare	☐ Other: (Please Specify)		14j. Intervention P	rograms:
□Other: (Please Specify)			☐ Case Manageme	ent
			☐ General Interven	
	14f. Day or Night T	reatment	_	
14b. Detoxification Programs:	Programs:		☐ Employee Assistance Program☐ Treatment Alternatives for Safer	
☐ Inpatient Detoxification	☐ Day or Night Trea	atment	Communities (
Licensed Bed Capacity:	☐ Overlay Services			
☐ Inpatient Methadone Detoxification	Address(es):		☐ Overlay Services	
Licensed Bed Capacity:	Telehealth offered:		Address(es): Telehealth offered:	□ Ves □No
Outpatient Detoxification	2.5		Teleficatul Olicieu.	□ 169 □140

 Outpatient Methadone Detoxification Mobile Units (If so please complete section 18) Address(es):	Public Funding Sources Accepted: Department of Corrections Department of Juvenile Justice Agency for Health Care Administration Department of Children and Families (includes managing entities) Agency for Persons with Disabilities Medicaid Medicare Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health	Public Funding Sources Accepted: Department of Corrections Department of Juvenile Justice Agency for Health Care Administration Department of Children and Families (includes managing entities) Agency for Persons with Disabilities Medicaid Medicare Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health Aetna
Private Funding Sources Accepted:	□Aetna □Humana	□Humana
□Private Pay	⊔⊓umana □United Healthcare	☐United Healthcare ☐Other: (Please Specify)
☐Blue Cross Blue Shield	☐Other: (Please Specify)	□Other. (Flease Specify)
☐Sunshine Health	, , ,	
□Aetna □Humana		
☐United Healthcare		14k. Prevention Programs:
☐Other: (Please Specify)	14g. Intensive Outpatient Programs:	☐ Universal Direct
- (1 3)	☐ Intensive Outpatient Treatment	□ Selective
	☐ Overlay Services	□ Indicated
14c. Intensive Inpatient Treatment	☐ Mobile Unit (<i>If so please complete</i>	Address(es):
Programs:	section 18)	Telehealth offered: ☐ Yes ☐ No
3 -		
☐ Intensive Inpatient Treatment	Address(es):	
<u> </u>	Address(es): Telehealth offered: ☐ Yes ☐No	Public Funding Sources Accepted:
☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es):	Telehealth offered: ☐ Yes ☐ No	□Department of Corrections
☐ Intensive Inpatient Treatment Licensed Bed Capacity:	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted:	□ Department of Corrections□ Department of Juvenile Justice
☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: ☐ Yes ☐ No	Telehealth offered: ☐ Yes ☐ No	□Department of Corrections
☐ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es):	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities)
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □ Department of Corrections □ Department of Juvenile Justice	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities)	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities)	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted:
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted: ☐ Department of Corrections ☐ Department of Juvenile Justice ☐ Agency for Health Care Administration ☐ Department of Children and Families (includes managing entities) ☐ Agency for Persons with Disabilities ☐ Medicaid ☐ Medicare Private Funding Sources Accepted:	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted:	Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna
□ Intensive Inpatient Treatment Licensed Bed Capacity: Address(es): Telehealth offered: □ Yes □ No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay	Telehealth offered: □ Yes □No Public Funding Sources Accepted: □Department of Corrections □Department of Juvenile Justice □Agency for Health Care Administration □Department of Children and Families (includes managing entities) □Agency for Persons with Disabilities □Medicaid □Medicare Private Funding Sources Accepted: □Private Pay □Blue Cross Blue Shield	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid □ Medicare Private Funding Sources Accepted: □ Private Pay □ Blue Cross Blue Shield □ Sunshine Health □ Aetna □ Humana
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		☐ Medication and Methadone
14d. Residential Programs:	14h. Outpatient Programs:	Maintenance Treatment
☐ Level 1; Total Bed Capacity:	☐ Outpatient Treatment	☐ Medication Unit
☐ Level 2; Total Bed Capacity:	☐ Overlay Services	☐ Mobile Unit (<i>If so please complete</i>
☐ Level 3; Total Bed Capacity:	☐ Mobile Unit (If so please complete	section 18)
☐ Level 4; Total Bed Capacity:	section 18)	Maximum Capacity:
Licensed Bed Capacity:	Address(es):	Address(es):
Address(es): Telehealth offered: ☐ Yes ☐No	Telehealth offered: ☐ Yes ☐ No Public Funding Sources Accepted:	Telehealth offered: □ Yes □No
Public Funding Sources Accepted: Department of Corrections Department of Juvenile Justice Agency for Health Care Administration Department of Children and Families (includes managing entities) Agency for Persons with Disabilities Medicaid	□ Department of Corrections □ Department of Juvenile Justice □ Agency for Health Care Administration □ Department of Children and Families (includes managing entities) □ Agency for Persons with Disabilities □ Medicaid	Public Funding Sources Accepted: Department of Corrections Department of Juvenile Justice Agency for Health Care Administration Department of Children and Families (includes managing entities) Agency for Persons with Disabilities Medicaid
□Medicare	□Medicare	□Medicare
Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health Aetna Humana United Healthcare Other: (Please Specify)	Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health Aetna Humana United Healthcare Other: (Please Specify)	Private Funding Sources Accepted: Private Pay Blue Cross Blue Shield Sunshine Health Aetna Humana United Healthcare Other: (Please Specify)

15. Hours during wh	ich the program is open:		16. Submit with this application evidence areas below (including applicable expirati	
			[Expiration Date:
Monday:	to	☐ Closed	Fire and Safety:	□Yes
Tuesday:	to	☐ Closed	Health Standards:	□Yes □N/A
Wednesday:	to	☐ Closed	Facility Inspection:	□Yes □N/A
Thursday:	to	☐ Closed	Food Services	□Yes
Friday:	to	☐ Closed	Zoning Compliance:	□Yes
Saturday:	to	☐ Closed	Property Insurance:	□Yes
Sunday:	to	☐ Closed	Professional Liability Insurance:	
			Recovery Residence Referral Log:	□Yes □N/A
			Attestation of Good Moral Character:	□Yes
			Policy & Procedure Manual:	□Yes □N/A
			Current Organizational Chart:	□Yes
			Level 2 Background Screening:	□Yes
			Verification of Qualifies Professional(s):	□Yes
			Service Fee Schedule	□Yes
			Policies regarding on Individual's financia	
			Policies regarding an Individual's financia	rresponsibility.
			□Yes	of manala for the efallowing.
			Provide proof of the ability and provision	of meals for the following:
			Addiction receiving facilities: □Yes	
			Day and Night Treatment, If appl	icable: ∐Yes
			5	
			Residential Treatment: □Yes	
			Day and Night Treatment, If appl	icable: □Yes
			Day or Night Treatment with Commu	nity Housing: □Yes
			Inpatient Detoxification: □Yes	
			Intensive Inpatient Treatment: □Yes	
			Note: Inmate Substance Abuse Programs that ar with the Department of Corrections, Department of Department of Management Services are exemp Insurance and Recovery Residence Log requiren	of Juvenile Justice or the trom the Professional Liability

17. Medication-Assisted Treatment (i.e., programs which use methadone or other medications for treating opioid addiction). Submit copies of approval documents with this application.				
□Verification of the services of a consultant pharmacist				
□Not Applicable				
Please Note: Drug Enforcement Agency (DEA) registration and verification of Substance Abuse and Mental Health Services				
Administration (SAMHSA) certification are required pri	or to the issuance of a regular license.			
18. Methadone Mobile Unit. If providing mobile medication assisted with this application.	treatment unit services, submit copies of required documents			
\Box A description of the vehicle: Size, capacity, configuration	(identifying medication storage areas, record keeping areas, public			
service/treatment areas) and security features to safeguate served.	service/treatment areas) and security features to safeguard the vehicle, medication, and safety of staff and individuals			
\square Description of the targeted population, geographical serv	rice area, and hours of operation			
☐ Attestation that the mobile medication unit complies with	Title 21 of the Code of Federal Regulations, Parts 1300, 1301,			
and 1304, 42 Code of Federal Regulations, Part 8, and 0	Chapter 65D-30, Florida Administrative Code.			
\square Copy of all existing applicable state and federal certificat	ions, licenses and approvals.			
\square Security plans for the mobile medication-assisted treatme	ent and medication, including procedure to transport, secure, and			
log any medication back inside the licensed provider site	log any medication back inside the licensed provider site at the end of the business day.			
\square Written plans to participate in the central registry.	☐Written plans to participate in the central registry.			
□Contingency plans for mobile unit closure including but not limited to: adverse weather events, human-induced disasters,				
unit breakdown, and vehicle maintenance plan.				
□Written plan for disaster preparedness and include plans to secure, operate, and staff the mobile unit.				
Please Note: Drug Enforcement Agency (DEA) registration and	verification of Substance Abuse and Mental Health Services			
Administration (SAMHSA) certification are required prior to the				
19. Have all staff and volunteers who have direct contact with clients under the age of 18 years or adults with developmental disabilities been fingerprinted and screened in accordance with section 397.4073(1)(a), Florida Statues?	20. What is the maximum number of clients that can be served in this component on a given day? Click or tap here to enter text.			
□Yes □No □Not Applicable				
21. Target Population:				
□White (Non-Hispanic) □American Indian □Hispanic	□Black (Non-Hispanic)			
☐ Other (please describe) Click or tap here to enter text.				
22. List any special population group targeted for services				
□Children	□HIV/AIDS			
□Women	☐Hearing Impaired			
□Adolescents	□Visually Impaired			
□Homeless	□ Older Adults			
☐ Criminal Justice-Involved Adults	☐Co-occurring			
☐Juvenile Justice-Involved Youth	□Intravenous Drug Users			
□Pregnant and Post-Partum Women	□Other (Please describe other group):			
☐Pregnant and Post-Partum Adolescents	Click or tap here to enter text.			

	23. List the complete names of agencies and practitioners with which you have written referral agreements, contracts, or subcontracts, and check the type of business relationship				
k)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
I)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
m	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	
n)	□Agreement	□Contract	□Subcontract	\Box Other (specify):Click or tap here to enter text.	
0)	□Agreement	□Contract	□Subcontract	\square Other (specify):Click or tap here to enter text.	