

Attachment A2

I-SATS facility registration form

SAMHSA INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES (I-SATS)

SUBSTANCE ABUSE TREATMENT FACILITY REGISTRATION REQUEST

To be included in the I-SATS, a facility must provide substance abuse treatment or detoxification services. Please provide all of the following information in the boxes below and return by e-mail. If you prefer to print this page and submit by fax or mail, see fax number and address below.

Instructions: Insert cursor in each table cell below and type appropriate information. Save file and return by e-mail attachment to locator@smdi.com

Provide complete facility name and location address. Mailing address should be provided if different from location address. The first line of the facility name should include the corporate name (if applicable) or highest-level name of the facility. When applicable, line 2 of the address should include a unit or program name that uniquely identifies the facility. Abbreviations should be avoided.

For questions or comments call 703-807-2329 or e-mail locator@smdi.com

Date facility opened (Date facility began providing substance abuse treatment services).		
Facility name		
Facility name (continued)		
<u>Location</u> street address		
<u>Location</u> street address (continued)		
<u>Location</u> city	State	Zip code
County		
<u>Mailing</u> address (if different than location address)		
<u>Mailing</u> city	State	Zip code
Telephone number and extension		Fax number
Director's name		Name of contact, if not director
Director's e-mail address		Facility web site address http://
Comments/questions		

Note: After submission of the registration request form, your State substance abuse agency will be contacted to determine your facility's eligibility to be listed in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the *Substance Abuse Treatment Facility Locator*. Your facility must also complete the National Survey of Substance Abuse Treatment Services (N-SSATS) to be listed and remain listed. It can take 4-5 months for your facility to be listed on the Locator after submission of this form, provided that your facility meets the required criteria. Submission of this form does not guarantee that your facility will be approved for listing.

Fax – 703-528-8990

To use US mail, send to:

I-SATS Administrator
Synectics
1901 North Moore Street, Suite 900
Arlington, VA 22209

Public burden for this collection of information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is 0930-xxxx.