



United States Department of Health and Human Services  
Substance Abuse & Mental Health Services Administration  
"A Life in the Community For Everyone"

**SAMHSA**

OMB No. 0930-XXXX  
Expiration Date: XX/XX/XX

### Additional Information

The following questions are optional. If you'd like to skip this step, please click "Save."

State:

Organization Name:

Is your interest in substance abuse and mental health professional or personal?

If Professional: I work for a

If Personal: I am a

Are you or your organization a current recipient of a SAMHSA grant?

Public Burden Statement: 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 control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 1 minute per respondent, per year, 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, 1 Choke Cherry Road, Room 8-1069, Rockville, Maryland, 20857.