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**FACILITY APPLICATION FORM**



**I-BHS Facility application form**

OMB No. 0930-0106

Please complete this application form to request that your facility be added to SAMSHA's Inventory of Behavioral Health Services (I-BHS). Click [here](#) for instructions and more information regarding this form.

(\* Indicates a Required Field)

**1. FACILITY INFORMATION:**

\* Facility Name (1):   
Facility Name (2):   
\* Street Address (1):   
Street Address (2):   
\* City:  \* State:  \* Zip Code:   
\* County:   
 Check if Mailing Address is same as Facility Address  
Mailing Street Address (1):   
Mailing Street Address (2):   
City:  State:  Zip Code:   
\* Telephone/Extension:   
Fax:   
Director's Name:   
Director's E-Mail:   
Website Address (URL):

**2. SERVICES PROVIDED (check all that apply, choosing at least one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Substance Abuse Services     | <input type="checkbox"/> Mental Health Services       |
| <input type="checkbox"/> Treatment                    | <input type="checkbox"/> Treatment                    |
| <input type="checkbox"/> Detoxification               | <input type="checkbox"/> Administrative Services      |
| <input type="checkbox"/> Administrative Services      | <input type="checkbox"/> Other Non-Treatment Services |
| <input type="checkbox"/> Other Non-Treatment Services |   |

I'm not a robot

Expiration date: 12/31/2018  
See [OMB Burden statement](#) at bottom of the instructions page.

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