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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 SAMHSA'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: ③

\* 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): ③

- |   |   |
|---|---|
| <b>Substance Abuse Services</b>                       | <b>Mental Health Services</b>                         |
| <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

Submit Form

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

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