

**Rural Health Care Universal Service
Community Mental Health Center Checklist**

3060-0804

OMB Approval: Nov, 2023

Est. Time Per Response: 30 minutes

To verify the eligibility of this Community Mental Health Center to participate in the Rural Health Care Support Mechanism, complete the following information and provide a copy of the health care provider's (HCP) operating license and the operating license/certification number. This form and the HCP's operating license (and the operating license/certification number) must be submitted with the FCC Form 460 or 465.

To the extent the Community Mental Health Center includes a long-term care facility, such as a residential substance abuse treatment center, that portion would not be eligible for support.

Complete the information below and check the services **provided at the physical location** of the HCP:

HCP NUMBER *(if known)*:

HCP NAME:

HCP PHYSICAL ADDRESS:

State License/Certification (if available): For the above physical location, provide a copy of the state license/certification and provide the license/certification number: _____

Services Provided at the Physical Location (check all that apply):

- ☐ The facility offers outpatient mental health treatment.
- ☐ The facility offers 24-hour emergency care for mental health patients.
- ☐ The facility provides day hospital treatment for mental health patients.
- ☐ The facility provides other partial hospitalization services for mental health patients.
- ☐ The facility provides psychosocial rehabilitation services.
- ☐ The facility provides pre-admission screening for patients being considered for admission to state mental health facilities.
- ☐ The facility provides residential treatment.

Signature: _____

Date: _____

Name: _____

Title: _____

Email: _____

Phone: _____