

(AGENCY LETTERHEAD/LOGO)
(AGENCY NAME)
(AGENCY ADDRESS)

_____(Agency Name)_____ contracts with the Division of Substance Abuse Services (DSAS) to provide (circle): Prevention Srvs, Treatment Services (CoC, WROSC, HIV, Gambling, etc.), Recovery Srvs (ARP), Criminal Justice Srvs (ADAT, CTC, SPOT), Recovery Court Srvs, and/or Other (_____identify_____).

Services Provided

Identify the type of services that your agency provides under each identified DSAS contract, i.e Monitored Withdrawal Management, Residential Treatment, Intensive Out Patient, DUI School, Training, Half-Way Housing, etc.)

Prevention Services:

Treatment Services:

Recovery Services:

Criminal Justice Services:

Recovery Court Services:

Other (Housing, Training, Technical Assistance, etc.)

Revised 3/13/2019

Policy and Procedure No. **3A**
Authority Signature_____
(Name and Position of Authorized Signature)
Date_____