



CaSONYA THOMAS, MPA, CHC
Director

Request for Cost Center Number

Select one: Contract Agency Mental Health (MLH)
Select one: County Operated Alcohol & Drugs (ADS)

Funding: MHSA REALIGNMENT
CSS _____ Alcohol & Drugs (ADS)
PEI _____ Medical/EPSTD
INN _____ GRANT _____

Program Name: _____

Name of Provider: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Proposed Start Date: _____

Mode of Service: (Check Only One, or One and Mode 45)

- 05 Acute and Residential 24-Hour Services
- 10 Day Treatment Programs & Crisis Stabilization
- 15 Mental Health Service Programs
- 45 Outreach and Community Programs
- 55 MAA Services
- 60 Support Services

Services to be provided:

- Case Management /Brokerage (15, 01)
- Crisis Intervention (15, 70)
- Medication Support: (15, 60)
- Psychiatrist visit only
- Dispensing Medications
- Crisis Stabilization (10, 20, & 25)
- Mental Health Services (15, 10, & 30)
- Day Rehabilitation Full Day ½ Day (10, 95)
- Day Intensive Full Day ½ Day (10, 85)
- TBS Services (15, 58)

Contact Person: _____

Contact Number: _____

Email: _____

Facility Representative

Date

Program Manager

Date

Fiscal Representative

Date

For DBH Fiscal Office Use Only:
Cost Center Number: _____