



DRUG AND ALCOHOL REHABILITATION

APPLICANT _____ PRODUCER _____

Effective Date _____

1. What method of treatment is used? _____

 2. Is a complete physician's examination required prior to admission?
 YES NO
 3. Are drugs administered in accordance with the rules of the Federal Enforcement Agency?
 YES NO
 4. Is the facility a member of the National Association of Alcoholism or Drug Treatment Programs?
 YES NO
 5. Are patients or clients subject to involuntary commitment?
 YES NO
- If Yes,
- a. Court Order? YES NO
 - b. Physicians Written Instructions? YES NO
 - c. For minors, written consent of a parent or guardian?
 YES NO
- Other (give details) _____

6. Is Methadone treatment administered?
 YES NO
- If Yes, please give complete details on procedures and the number of methadone treatments during the past three years:
- _____
- _____

7. Does the facility afford off-premises services? YES NO
- If Yes, please describe the services rendered in details:
- _____

8. Does the facility provide out-patient services? YES NO
- Number of contract methadone patients the clinic is licensed to serve _____

9. Is the facility engaged in vocational training activities/services?
 YES NO

If Yes, please describe the vocational training activities in detail:

10. Units of Service – The number of units of each service rendered by the facility should be entered below, where appropriate:

Please indicate the number of **Beds**:

Mental Health I Inpatient		Group Home	
Alcohol/Drug Inpatient		Shelters	
Alcohol/Drug Detox		Independent Living	
Halfway House		Foster Care	

Other, please specify _____

11. Please indicate the number of **Annual Outpatient or Client Visits**.

Alcohol/Drug Rehab		Counseling	
Mental Health			

Other, please specify _____

12. Please indicate number of **Calls**.

Hotline		Information	
Referral			

13. Does applicant assure that all personnel have mandated background inquiries? YES NO

14. Have any employees been subject of a child abuse/neglect/improper supervision investigation (other than initial screening?) YES NO

If yes, have the investigations resulted:

Confirmed finding of abuse/neglect/improper supervision

YES NO

No finding YES NO

Other: _____

15. Is facility certified for Medicare? YES NO

16. Is medication or drugs given?

a. Only under a physician's written orders? YES NO

b. Only by authorized medical professionals? YES NO

If the answer to a. or b. above is NO, please explain:

17. Is a complete medical history of each patient or client retained on premises? YES NO

18. Are medical records released to third parties without the written consent of the patients or clients? YES NO

If Yes, please explain _____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: or statement of claim) containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicants Signature _____ Date _____