



Legal business name: _____ Tax ID: _____

NPI: _____ Location: _____

HEALTH SERVICES AT THIS LOCATION
(Check all that apply)

Addictions (drug, alcohol, other)	Intensive rehabilitative mental health services (ITS)
Adult rehabilitative mental health services (ARMS)	In-patient hospital treatment
African American/Black chemical and mental health services	In-patient treatment
Anxiety and stress management disorders	Karen (kə'ren) culture and language specific services
Assertive community treatment	LGBTQIA+ services
Assessment/diagnosis (Rule 25)	Marriage and family issues
Behavioral Health Home (BHH)	Outpatient methadone treatment
Chronic pain/pain management	Outpatient treatment
Comprehensive assessment	Pediatric ages 0-5
Depression	Pediatric ages 6-12
Dialectical behavioral therapy (DBT)	Pediatric ages 13-17
Domestic Violence	Peer recovery
Early Intensive Developmental and Behavioral Intervention (EIDBI)	Post-traumatic stress disorder (PTSD)
Eating disorders	Residential non-hospital treatment
Gender affirmation services	Sexual abuse evaluation and treatment/survivors
Gender affirmation treatment	Somali culture and language specific services
Grief counseling	Stress-related conditions
Hispanic/Latinx culture and language specific service	Tele-health
Hmong Culture and language specific services	Unhoused or transitional services
Indigenous chemical and mental services	Other:
Indigenous culture and language specific services	Other: