

Handout:
Treatment Program Worksheet

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Program Name: _____

Address: _____

Name/Phone: _____

Primary Focus of Provider

- Substance abuse treatment services
- Mental health services
- Mix of mental health and substance abuse services
- General health services

Levels of Care Provided

- Outpatient
- Medication Assisted Treatment for Opiate Addiction
- Partial hospitalization/Day treatment
- Residential short-term treatment (30 days or less)
- Residential long-term treatment (more than 30 days)
- Hospital inpatient

Special Populations or Groups Served

- Adolescents
- Persons with co-occurring mental and substance abuse disorders
- Persons with HIV/AIDS
- Gay and lesbian
- Seniors/older adults
- Pregnant/postpartum women
- Women
- Men
- Criminal justice clients

Special Programs or Services Provided

- Trauma services
- Parenting
- Residential beds for clients' children
- Child care
- Vocational services
- DUI/DWI education

Special Language Services

- ASL or other assistance for hearing impaired
- American Indian and Alaska Native languages
- Spanish
- Foreign languages other than Spanish

Forms of Payment Accepted

(NOTE: Check with facility for details. Applicability varies according to individual circumstances.)

- Medicaid

Medicare
Private health insurance
Military insurance (e.g., VA, TRICARE)
Self-payment

Payment Assistance

(NOTE: Check with facility for details. Applicability varies according to individual circumstances.)

Sliding fee scale (fee based on income and other factors)
Payment assistance