

AGENCY: _____



Recovery Works

INDIANA'S FORENSIC TREATMENT PROGRAM

CERTIFIED AGENCY PROFILE PACKET

This Packet was completed by: _____
Title: _____
Email: _____
Phone Number: _____

Recovery Works Provider Profile Sheet

Name of Agency Contact:	
Primary Agency Address:	
Main Phone Number:	
Days of Availability	
Operating Hours	
Email Address for referrals:	
Date Packet Completed:	

Treatment Provider Questionnaire (Recovery Residences skip this section)

Please check services your agency is approved for billing to Recovery

	Check if Yes
Intensive Outpatient Treatment	<input type="checkbox"/>
Medication Assisted Treatment	<input type="checkbox"/>
Mental Health Counseling	<input type="checkbox"/>
Psychiatric Services and Support	<input type="checkbox"/>
Residential ASAM 3.1 & 3.5	<input type="checkbox"/>
Substance Use Disorder Counseling	<input type="checkbox"/>
Recovery Works Funded Bus Passes	<input type="checkbox"/>
Agency Vehicle	<input type="checkbox"/>

Agency Locations

Physical Address	County	Agency Designation (ASAM, RR Level, Treatment Type)	# of Beds	Gender
Ex: 402 W Washington St Indianapolis, IN 46204	Marion			

1. Does your agency provide transportation?
 - a. To/from **Jail**: Yes No
 - b. To/from **Court**: Yes No
 - c. To/from **Appointments**: Yes No

 2. Does your recovery residence provide food? YES NO

***If yes, the residence must offer at least one prepared meal per day and resources for one additional meal.

 3. What situations, aside from lack of availability, would cause your agency to immediately deny a referral? (Please provide detailed information)
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4. Do you accept individuals on the Indiana Sex & Violent Offender Registry? Yes No

5. Does your agency allow all forms of medication?

- Mental health medication Yes No
- Substance use treatment medication Yes No
- All forms of prescribed medication Yes No

Please specify any medications that are not permitted by your agency:

Does your agency allow all forms of Medication-Assisted Treatment (MAT)? Yes No

Please check all forms of MAT your agency accepts:

- Methadone Buprenorphine
- Vivitrol Nicotine Patches/Gum
- Suboxone Other

Comments:

6. What additional details should we consider when making a referral to your agency?
