

AGENCY: _____



Recovery Works

INDIANA'S FORENSIC TREATMENT PROGRAM

CERTIFIED AGENCY PROFILE PACKET

This Profile Packet is designed to provide a comprehensive overview of your agency including contact information, locations, collaborations, and services provided.

Please complete entirely and submit to Recovery Works at
Recovery.Works@fssa.in.gov

This packet was completed by: _____

Title: _____

Email: _____

Phone Number: _____

Recovery Works Provider Profile Sheet

Agency Main Point of Contact:	
Primary Agency Address:	
Agency Phone Number:	
Hours of Operation	
Email to send referrals:	

Are you a: Treatment Provider ☐ Recovery Residence ☐

CMHC ☐ Residential ASAM 3.1 ☐ or 3.5 ☐

- ❖ What situations, aside from lack of availability, would cause your agency to immediately deny a referral? (Please provide detailed information)

- ❖ What is the best method to obtain agency availability?
(Contact name and email)

- ❖ Does your agency provide transportation to/from:

Jail ☐ Court ☐ Appointments ☐

Treatment Provider Questionnaire

(Recovery Residences skip to page 4)

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"/>

Treatment Provider Location

Agency level of Care: ASO ☐ ASR ☐ Residential ☐

Address	County

Recovery Residences Questionnaire (Level II, III & IV)

Address	Gender	# of Beds	Level

❖ Is your agency equipped to accept individuals who are prescribed psychotropic medication? (anti-depressants, mood stabilizers, antipsychotics, anti-anxiety medications, stimulants) YES ☐ NO ☐

❖ Does your agency accept sex offenders, violent offenders and or persons charged with a sex offense or a violent offense? YES ☐ NO ☐
(Please provide detailed information)

❖ Does your agency allow **all** forms of medication (including Medicated Assisted Treatment-MAT) as prescribed by a physician at your facility? Yes ☐ No ☐

❖ Please check all forms of Medication-Assisted Treatment (MAT) that your agency accepts: Methadone ☐ Buprenorphine ☐ Suboxone ☐ Vivitrol ☐
Nicotine Patches/Gum ☐ -If NO what medications are denied?
