



Addictive and Mental Disorder Division – Treatment Bureau
100 North Park Ave. Suite 300, PO Box 202905
Helena MT 59620-2905

SUBSTANCE USE DISORDER PREVENTION PROVIDER STATE APPROVAL APPLICATION

Applicant Information:

Provider Name: _____

Mailing Address: _____

Primary Physical Address: _____

City: _____ State/Zip: _____

Telephone Number: _____ FAX: _____

E-mail: _____

Website Address: _____

Administrator or legal representative: _____

Indicate type of service to be State Approved (mark all that apply)

- SUD Prevention
- Early Intervention (ASAM 0.5)

Proposed Service Area

Provide a list of each county where the Applicant proposes to provide SUD prevention/early intervention services under this State Approval application.

County: _____

Site Address: _____

Phone Number: _____ Hours of Operation: _____

County: _____

Site Address: _____

Phone Number: _____ Hours of Operation: _____

If you are applying for multiple counties, please submit a separate document with that provides site address, phone number, and hours of operation.

Please include the following with the application:

- Copy of program self-evaluation. ARM: [37.27.120](#) (1)(b)
- Copy of policy and procedures manual
- For those offering Early Intervention: at minimum, the following policies and procedures must be addressed:
 - [37.27.116 CLIENTS RIGHTS](#)
 - [37.27.117 CONFIDENTIALITY](#)
 - [37.27.118 COMMUNICABLE DISEASE CONTROL](#)
 - [37.27.119 ABUSE OR NEGLECT](#)
- Documentation demonstrating local need *for each county* in application the following must be included (see application supplement)
- Projected services form *for each county* in application (see application supplement)

I certify that all information I have submitted to DPHHS is true and correct. I have reviewed Administrative Rules of Montana (ARM) 37.27.101 through 37.27.138 and ensure substantial compliance with applicable requirements. This Application for Substance Use Disorder Prevention Provider State Approval is hereby submitted under the provision of Montana Code Annotated Sections 53-24-101 through 53-24-306.

I understand the application and possible issuance of a Letter of State Approval for Substance Use Disorder Prevention Services does not entitle any provider listed in this application to a contract for services or other funding available for Substance Use Disorder Prevention services.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Address: _____ City: _____ State/Zip: _____