

# **BEHAVIORAL HEALTH SERVICES SITE INSPECTION FORM**

<b>Agency Name:</b>		<b>Date Request Emailed to Region:</b>																						
<b>Name of Site Contact:</b>		<b>Phone:</b>	<b>Email Address:</b>																					
<b>Reason for Site Visit:</b>  <div style="text-align: center;"> <b>New Location</b>   <b>Change of Address</b> </div>																								
<b>Target Opening Date:</b>																								
<b>Site Name:</b>																								
<b>Street Address:</b>																								
<b>City:</b>		<b>County:</b>	<b>Zip:</b>																					
<b>Site Phone Number:</b>		<b>Alternate Phone Number:</b>																						
<b>Services Applied to Provide: (Please be sure to list population served C&amp;A or Adult):</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">SERVICE</th> <th colspan="2">POPULATION</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">Adult</td> <td style="text-align: center;">C&amp;A</td> </tr> </tbody> </table>				SERVICE	POPULATION			Adult	C&A		Adult	C&A		Adult	C&A		Adult	C&A		Adult	C&A		Adult	C&A
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Criteria:	Not Applicable	Yes	No	Notes
1. Business License / Permit is displayed, or if not required, evidence of such communication with local government.				Effective From Date:  Effective To Date:
2. Drug Abuse Treatment and Education License for specific site is displayed, if applicable: <u>(Core or SA Specific Services Only)</u>				License #:  Effective From Date:  Effective To Date:
3. The Agency's Accreditation Certificate is displayed				Accrediting Body:  Effective From Date:  Effective To Date:
4. The Office is located in a commercial area				
5. The Office is not co-located with other (non-similar) types of services/businesses and is not in the same location as another behavioral health business				
6. Site is clean, no odors				
7. Heating and air conditioning systems are operational and provide adequate heat and air				
8. No needed repair work around the inside or outside				
9. All areas are lighted sufficiently				
10. Provides appropriate privacy for consumers and visitors				

<b>11. Appropriate Filing system for consumer records which provides confidentiality of consumer records</b>				
<b>12. Clients' Rights Poster displayed</b>				

Regional Designee:

Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agency Representative Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date