



## SUBSTANCE USE DISORDER PREVENTION PROVIDER STATE APPROVAL APPLICATION

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### Applicant Information:

Provider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website Address: \_\_\_\_\_

Administrator or legal representative: \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

### 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: \_\_\_\_\_

County: \_\_\_\_\_

Site Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*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)

**Application materials can be sent to [bhddapprovalapps@mt.gov](mailto:bhddapprovalapps@mt.gov)**

**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: \_\_\_\_\_