



A LOCAL MANAGEMENT ENTITY

Provider Profile

If your agency currently has a WHN Provider Profile on file, please indicate only changes or additions

Agency: _____

Contract/Corporate Information:

Executive Director- _____

Clinical/Medical Director- _____

Address to send contract- _____

Phone Number- _____

Fax Number- _____

E-mail- _____

E-mail to receive authorizations- _____

Tax I.D. Number (T.I.N.)- _____

Agency Website- _____

Organization Accreditation			
Organization	Accredited Y/N	Years Accredited	Expiration Date
CARF			
COA			
CQL			
JCAHO			

Organization Legal Entity Type <i>(check one)</i>					
<input type="checkbox"/>	C-Corporation	<input type="checkbox"/>	S-Corporation	<input type="checkbox"/>	Limited Liability Corporation
<input type="checkbox"/>	General Partnership	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Limited Liability Partnership
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Not For Profit	<input type="checkbox"/>	Government

Location Information #1

Contact Person for this location- _____

Address of this location- _____

Phone # for this location- _____

Fax # for this location- _____

E-mail address for this location- _____

What County is this location in? _____

What Counties does **this location** provide services to? *(Check all that apply to this location)*

Buncombe	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Mitchell	<input type="checkbox"/>	Yancey	<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Transylvania	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	Polk	<input type="checkbox"/>
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Other- _____

What other accommodations does this location provide? *(Check all that apply)*

Wheelchair Access	<input type="checkbox"/>	Staff Cross-Trained Across Disability Areas	<input type="checkbox"/>
Gender-Specific Women's SA Svc	<input type="checkbox"/>	Culturally Diverse Staff	<input type="checkbox"/>
Interpreter for Hearing Impaired	<input type="checkbox"/>	Staff Trained in Cultural Diversity	<input type="checkbox"/>
Accommodations for Vision Impaired	<input type="checkbox"/>	Blind/Visually Impaired	<input type="checkbox"/>
Sexually Aggressive	<input type="checkbox"/>	Behaviorally Disruptive	<input type="checkbox"/>

Are interpreter services for Non-English speaking consumers available **at this location**?

Yes No If yes what languages- _____

What Disability area(s) are served **at this location**? *(Check all that apply)*

(ADD) ADULT DEVEL DISABILITY	<input type="checkbox"/>	(CDD) CHILD DEVEL DISABILITY	<input type="checkbox"/>
(AMH) ADULT MENTAL HEALTH	<input type="checkbox"/>	(CMH) CHILD MENTAL HEALTH	<input type="checkbox"/>
(ASA) ADULT SUBSTANCE ABUSE	<input type="checkbox"/>	(CSA) CHILD SUBSTANCE ABUSE	<input type="checkbox"/>

What services are offered at this location? <i>(Check all that apply)</i>			
Community Support (adult)	<input type="checkbox"/>	Intensive In-home	<input type="checkbox"/>
Community Support (child)	<input type="checkbox"/>	Mobile Crisis	<input type="checkbox"/>
Community Support Team	<input type="checkbox"/>	Day Tx (child)	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Vocational	<input type="checkbox"/>
MST	<input type="checkbox"/>	PSR	<input type="checkbox"/>
		Targeted Case Management	<input type="checkbox"/>
		Diagnostic Assessment	<input type="checkbox"/>
		Outpatient Therapy	<input type="checkbox"/>
		Respite	<input type="checkbox"/>
		ACTT	<input type="checkbox"/>

Is this Facility/Site Licensed? <i>(list)</i>			
Type	Y/N	License #	State
DFS	<input type="checkbox"/>		
DSS	<input type="checkbox"/>		
	<input type="checkbox"/>		

Other Services: _____

***(COPY AND ATTACH FOR EACH ADDITIONAL LOCATION)**

Location Information #

Contact Person for this location- _____

Address of this location- _____

Phone # for this location- _____

Fax # for this location- _____

E-mail address for this location- _____

What County is this location in? _____

What Counties does **this location** provide services to? *(Check all that apply to this location)*

Buncombe	<input type="checkbox"/>	Madison	<input type="checkbox"/>	Mitchell	<input type="checkbox"/>	Yancey	<input type="checkbox"/>	Henderson	<input type="checkbox"/>	Transylvania	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	Polk	<input type="checkbox"/>
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Other- _____

What other accommodations does this location provide? *(Check all that apply)*

Wheelchair Access	<input type="checkbox"/>	Staff Cross-Trained Across Disability Areas	<input type="checkbox"/>
Gender-Specific Women's SA Svc	<input type="checkbox"/>	Culturally Diverse Staff	<input type="checkbox"/>
Interpreter for Hearing Impaired	<input type="checkbox"/>	Staff Trained in Cultural Diversity	<input type="checkbox"/>
Accommodations for Vision Impaired	<input type="checkbox"/>	Blind/Visually Impaired	<input type="checkbox"/>
Sexually Aggressive	<input type="checkbox"/>	Behaviorally Disruptive	<input type="checkbox"/>

Are interpreter services for Non-English speaking consumers available **at this location**?

Yes No If yes what languages- _____

What Disability area(s) are served **at this location**? *(Check all that apply)*

(ADD) Adult Developmental Disability	<input type="checkbox"/>	(CDD) Child Developmental Disability	<input type="checkbox"/>
(AMH) Adult Mental Health	<input type="checkbox"/>	(CMH) Child Mental Health	<input type="checkbox"/>
(ASA) Adult Substance Abuse	<input type="checkbox"/>	(CSA) Child Substance Abuse	<input type="checkbox"/>

What services are offered at this location? <i>(Check all that apply)</i>			
Community Support (adult)	<input type="checkbox"/>	Intensive In-home	<input type="checkbox"/>
Community Support (child)	<input type="checkbox"/>	Mobile Crisis	<input type="checkbox"/>
Community Support Team	<input type="checkbox"/>	Day Tx (child)	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Vocational	<input type="checkbox"/>
MST	<input type="checkbox"/>	PSR	<input type="checkbox"/>
		Targeted Case Management	<input type="checkbox"/>
		Diagnostic Assessment	<input type="checkbox"/>
		Outpatient Therapy	<input type="checkbox"/>
		Respite	<input type="checkbox"/>
		ACTT	<input type="checkbox"/>

Is this Facility/Site Licensed? <i>(list)</i>			
Type	Y/N	License #	State
DFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Services: _____