

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: _____

AGENCY: _____

DATE: _____

SERVICES – Outpatient

Please check services your agency is approved for billing to Recovery Works

	Morning 7am-12pm	Afternoon 12pm-5pm	Evening 5pm-9pm
AOD Urine Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Coordination Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misdemeanor Pilot Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Recovery Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Services and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills Training and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tele-psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - Agency Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOLLOW UP QUESTIONS:

- ❖ Does your agency provide transportation from:
 Jail Court Appointments

- ❖ Is your agency approved by Recovery Works to offer ASAM 3.1 and/or 3.5 Low or High- Intensity Residential Treatment Services (*as defined in the Recovery Works Policy and Procedure Manual*)?
 YES NO If YES, what level? _____

- ❖ What situations, aside from lack of availability, would cause your agency to immediately deny a referral?

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SERVICES – Recovery Residences

Does your agency have Recovery Residences or is your agency a Recovery Residence? YES NO (if YES, complete table below; if NO, skip to page 4)

Name	Gender	# of Beds	Level

- ❖ Does your agency support residents using Medicated Assisted Treatment while residing in your home? YES NO
Check all that apply:
 Methadone Buprenorphine Suboxone Vivitrol Nicotine Patches/Gum
- ❖ Does your agency allow transgender persons to be housed with their **identified** gender?
 YES NO
- ❖ Is your agency equipped to accept individuals who are diagnosed with severe mental illness, mood disorders, or personality disorders? YES NO
- ❖ Is your agency equipped to accept individuals who are *prescribed* psychotropic medication? (anti-depressants, mood stabilizers, antipsychotics, anti-anxiety medications, stimulants)
 YES NO
- ❖ Is there a certain medication that, if prescribed, would make a participant ineligible for acceptance into your residence? YES NO if yes, list: _____
- ❖ Does your agency accept convicted sex offenders or persons charged with a sex offense?
 YES NO SITUATIONAL (please explain _____)
- ❖ Does your agency accept convicted violent offender or persons charged with a violent offense?
 YES NO SITUATIONAL (please explain _____)
- ❖ What is the best (fastest) way for a Regional Liaison to obtain your Residences' availability? _____

PLEASE INCLUDE YOUR RECOVERY RESIDENCES POLICY & PROCEDURE MANUAL AND AGENCY APPLICATION WHEN RETURNING THIS PACKET

