**SERVICE AGENCY PROFILE**

\*IMPORTANT\*

This form is to be completed by the Community Mental Health Services Program (CMHSP) for each service agency which provides services to recipients as part of CMHSPs array of service. A service agency is the CMHSP itself, or contract agencies which provide services to recipients. A form must be completed for each service agency under contract with the CMHSP as well as the CMHSP.

This form must be resubmitted if there is a change in type of service provided at a site, or if services are provided at a site not listed on a previously submitted form, or if services are no longer provided at a previously reported site. It must be completed if a new service agency begins services as part of CMHSPs array of services.

1. General Information: *Click here to choose one.*

2. Desired Effective Date for Addition or Change: *Click to choose date.*

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| --- | --- | --- | --- |
| 3. PIHP  *Choose an item.* | | 4. Service Agency Name  *Click here to enter text.* | |
| 5. Service Agency Address  *Click here to enter text.* | | | |
| 6. City  *Click here to enter text.* | 7. Zip  *Click here to enter text.* | | 8. Telephone Number  *Click here to enter text.* |
| 9. Service Agency Administrator Name  *Click here to enter text.* | | 10a. Accreditation Type  *Click here to enter text.*  10b. Expiration Date  *Click here to enter a date.* | |

* **Service Agency Sites (for multiple locations of the provider listed in #3 above)**
* **Services in the MPM Behavioral Health Chapter, Section 1.5 which require approval from MDHHS for enrollment, use drop down VI**

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| 11. Program Name, Address, City, ZIP  *Click here to enter text.*  Telephone  *Click here to enter number.* | 12. Services (click on and select either I, II, III, IV, or V)  I.  *II.*  *III.*  *IV.*  *V.*  *Vl.* |
| 11. Program Name, Address, City, ZIP  *Click here to enter text.*  Telephone  *Click here to enter number.* | 12. Services (click on and select either I, II, III, IV, or V)  I.  *II.*  *III.*  *IV.*  *V.*  *Vl.* |
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| 11. Program Name, Address, City, ZIP  *Click here to enter text.*  Telephone  *Click here to enter number.* | 12. Services (click on and select either I, II, III, IV, or V)  I.  *II.*  *III.*  *IV.*  *V.*  *Vl.* |