Receiving Administrator Information

Receiving Administrator:

- A Receiving Organization has one or multiple Receiving Services.
- A Receiving Organization can have multiple Receiving Administrators, each assigned to one or multiple distinct Receiving Service(s).
- A Receiving Administrator can search, update availability, receive referrals, and view the analytics of any of the organization's Services.
- A Receiving Administrator can also refer a patient to other Receiving Service providers within his own organization or outside.

14. First Name *

15. Last Name *

16. Work Email *

Receiving Organization Information

Please fill out all according information as it pertains to your organization.

17. Organization Name *

18. Organization Phone Number *

19. Organization URL

20. Organization Address *

21. City *

22. State *

23. Zip *

24. Organization Email Address *

Service Details 1

It is required to fill out the below information per each primary service; if your organization has more than one primary service please fill out the according information for each service. There is only one required field.

25. Which Service are you describing? *

(can only select ONE service)

○ Outpatient Mental Health Services

○ Outpatient Substance Use Services

○ Counseling or Therapy Services

○ Inpatient Mental Health Services

○ Inpatient Withdrawal Management/Detox

○ Psychiatric/Mental Health Medication Treatment

○ Substance Use Medication Treatment

○ Housing Services

○ Residential Substance Use Services

○ Residential Mental Health Services

○ Urgent Crisis Care Services

26. Additional Services

☐ Outpatient Mental Health Services

☐ Outpatient Substance Use Services

☐ Counseling or Therapy Services

☐ Inpatient Mental Health Services

☐ Inpatient Withdrawal Management/Detox

☐ Psychiatric/Mental Health Medication Treatment

☐ Substance Use Medication Treatment

☐ Housing Services

☐ Residential Substance Use Services

☐ Residential Mental Health Services

☐ Urgent Crisis Care Services

27. Service location address *

[   ]

28. City *

[   ]

29. State *

30. Zip *

31. Service phone number *

32. Dedicated email address to receive referrals *

33. Substances treated

- ☐ Alcohol

- ☐ Barbiturates

- ☐ Benzodiazepines

- ☐ Cannabis

- ☐ Cocaine

- ☐ Dextromethorphan

- ☐ Fentanyl

- ☐ Hallucinogens

- ☐ Heroin

- ☐ Inhalants

- ☐ Methamphetamine

- ☐ Other Non-opioid Drugs

- ☐ Other Opioids

- ☐ PCP

- ☐ Sedatives

- ☐ Stimulants

- ☐ Tobacco/nicotine

- ☐ Tranquilizers

34. Special Populations

☐ Homeless

☐ Pregnant

☐ Military and Veterans

☐ Developmental Disability/Intellectual Disability

☐ History of Sexual Offences

35. Gender and Age Focused *

☐ Adult - Male

☐ Adult - Female

☐ Youth (17 and under) - Male

☐ Youth (17 and under) - Female

☐ Children 12 and Under

36. Providers on Site

☐ Physician on site

☐ Psychiatrist on site

☐ Allied medical practitioner

☐ Nursing

37. Difficult to place medical and psychiatric conditions

☐ Active Psychosis

☐ Complex Medical Condition

☐ Combative

☐ Intellectual/Developmental Disability

☐ Non-ambulatory

38. Payments Accepted

☐ Medicaid

☐ Medicare

☐ Private Health Insurance

☐ Federal Military Insurance

☐ Uninsured

☐ Managed Medicaid Payor

39. Service Details: Enter number of overall beds, outpatient treatment slots or walk-in access hours, and pertinent inclusion and exclusion criteria: no more than 200 characters. *

[   ]

40. Hours during which you will accept digital referrals (I.e., M-F 9am - 5pm , S-S 10am - 4pm) *

[   ]