



# Behavioral Health Administration

CaSonya Thomas, MPA, CHC  
Director

## Request for Cost Center Number

Select one:  Contract Agency  Mental Health (MLH)  
Select one:  County Operated  Alcohol & Drugs (ADS)

**Funding:**  MHSA  REALIGNMENT  
CSS \_\_\_\_\_  Alcohol & Drugs (ADS)  
PEI \_\_\_\_\_  Medical/EPSTDT  
INN \_\_\_\_\_  GRANT \_\_\_\_\_

Program Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_

**Mode of Service:** (Check Only One, or One and Mode 45)

- 05 Acute and Residential 24-Hour Services
- 10 Day Treatment Programs & Crisis Stabilization
- 15 Mental Health Service Programs
- 45 Outreach and Community Programs
- 55 MAA Services
- 60 Support Services

**Services to be provided:**

- Case Management /Brokerage (15, 01)
- Crisis Intervention (15, 70)
- Medication Support: (15, 60)
- Psychiatrist visit only
- Dispensing Medications
- Crisis Stabilization (10, 20, & 25)
- Mental Health Services (15, 10, & 30)
- Day Rehabilitation  Full Day  ½ Day (10, 95)
- Day Intensive  Full Day  ½ Day (10, 85)
- TBS Services (15, 58)

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Facility Representative Date

\_\_\_\_\_  
Program Manager Date

\_\_\_\_\_  
Fiscal Representative Date

**For DBH Fiscal Office Use Only:**