Facility Registration Application Form

OMB No. 0930-0386

Expiration date: 3/31/2027

See OMB Public Burden Statement at end of document.

Please complete this application form to request that your facility be added to **FindTreatment.gov**, and send or email to:

BHSIS Project Office Hendall Inc. 1803 Research Blvd, Suite 300 Rockville, MD 20850

FindTreatment@samhsa.hhs.gov

Questions? Call the BHSIS Project Office toll-free at 1-833-888-1553 Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time.

* Indicates a required field.

1. Facility Information **
* Facility Name (1)
Facility Name (2)
* Street Address (1)
" Street Address (1)
Street Address (2)
* City
* Otata
* State
* Zip Code
* County

Check if Mailing Address is same as Facility	Address
Mailing Street Address (1)	
Mailing Street Address (2)	
City	
State	
Zip Code	
* Telephone/Extension	
Fax	
l ax	
Director's Name	
D: I FAM I	
Director's E-Mail	
Website Address (URL)	
2. Services Provided *	
(check all that apply, selecting at least one)	
Substance Use Services	Mental Health Services
Treatment	Treatment
Detoxification	Administrative Services
Administrative Services	Other Non-Treatment Services
Other Non-Treatment Services	

** The first line of the facility name should include the corporate name (if applicable) or highest-level name of the facility. When applicable, line 2 of the facility name should include a unit or program name that uniquely identifies the facility.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0386. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland 20857.