

From 1A: Application Addition – Clubhouse Services Mental Health Treatment Services Adult Continuum of Care

This form is for existing applicants only. Only one application addition is required per agency, even if applying for multiple clubhouse programs. Please note that submitting an application does not guarantee a contract with the County.

Agency Legal Name: _____

1 PROGRAM DESCRIPTION

Please briefly describe your program(s). You may attach program brochures or other information material as applicable.

Is your program currently part of the Adult Mental Health Treatment Continuum of Care?

Yes No

What does your program add to the continuum to improve the network of providers?

What is your current/proposed program capacity? (e.g., number of beds, target monthly census)

Does your program serve any unique populations? (e.g., gender, age, dual-diagnosis, trauma, conservatees)

Does your program provide field-based services? Yes No

What region(s) does your program serve? (check all that apply)

- Central County
- North County
- East County

- South County
- West County
- Out of County

2 SERVICE PROVISION DETAILS

For any added Clubhouse Services, please fill details below.

Service Category	Evidence Based Practices or Specialties	Population Served	Hours of Operation	Frequency and Duration of Services	Address of Facility
<i>e.g. 5.6 Clubhouse Services Program</i>	<i>e.g. DBT, CBT, Dual-diagnosis, eating disorders, trauma</i>	<i>e.g. Men, Women, TAY Ages 18-24, veterans, etc.</i>	<i>e.g. 24 Hours, M-F 8AM – 5PM</i>	<i>e.g. Daily 3-5 hours, monthly case management, weekly therapy</i>	<i>e.g. 2227 Capricorn Way, Santa Rosa, CA 95407</i>

3 ATTESTATION

To the best of my knowledge and belief, all information in this addendum is true and correct. The contents of the original application are still true and accurate, unless noted otherwise on this addendum. The Respondent and/or Cosigner will comply with all of the requirements of the application process and the subsequent contract with the County.

Signature: _____ *Date:* _____

Printed Name: _____

4 SUBMISSION INSTRUCTIONS

Please check to make sure the below are included with your Application Addition:

1. Signed Application Addition (all pages of this document)

Send all materials to:

Subject: MH Adult Treatment RFA Clubhouse Addition – [Provider Name]

Email: DHS-Procurement@sonomacounty.gov