

From 1A: Application Addition – Recovery Residences and DMC-ODS Service Categories

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

Agency Legal Name: _____

1 PROGRAM DESCRIPTION

Is your program currently contracted to provide DMC-ODS or Recovery Residences Services?

Yes No

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

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, number of active clients / groups, etc.)

Does your program serve any unique populations? (e.g., gender, age, dual-diagnosis, trauma, unsheltered, Justice involved: Prop 36, PC 290, court programs, perinatal, conservatees, etc.)

Does your program have a CCAPP Recovery Residence Certification? Yes No N/A
(if yes please attach copies)

Does your program have all applicable certification and licenses for DMC-ODS Yes No N/A
(if yes please attach copies)

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

Central County

South County

North County

West County

East County

Out of County

2 SERVICE PROVISION DETAILS

For any added DMC-ODS Services or Recovery Residences 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. DMC-ODS Category 4.3 General IOT, or Recovery Residences</i>	<i>e.g. (Note for DMC-ODS 2 of MI, CBT, Trauma-Informed Treatment, Psychoeducation, Relapse Prevention) (NARR for recovery residences)</i>	<i>e.g. Men, Women, TAY Ages 18-24, veterans, Prop 36, PC 290, etc.</i>	<i>e.g. 24 Hours, M-F 8AM – 5PM</i>	<i>e.g. Mon / Wed / Fri 3 hours, 90 day residential program with eligible 30 day extensions, 6 months recovery residences</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: SUD Services RFA Addition – [Provider Name]

Email: DHS-Procurement@sonomacounty.gov