

Department of Behavioral Health and Developmental Services (DBHDS)

DBHDS' LICENSED PROVIDERS CONTACT & INFORMATION SHEET

TO: Background Investigations Unit (BIU)
 Department of Behavioral Health and Developmental Services (DBHDS)
 P.O. Box 1797
 Richmond, Virginia 23218-1797

TELEPHONE: (804) 786-6384 **FAX:** (804) 786-4146 **EMAIL:** Malinda.roberts@dbhds.virginia.gov or Belinda.turner@dbhds.virginia.gov

PROVIDER DATA (Please print or type)			
Licensed Provider Business Name and Address:			
Provider Number (3 or 4 digit)		Is your organization licensed as a(n):	<input type="checkbox"/> Adult Substance Abuse Treatment facility (ASATF) <input type="checkbox"/> Adult Mental Health Treatment facility (AMHTF) <input type="checkbox"/> Sponsored Residential Program (SRP) <input type="checkbox"/> N/A
CONTACT DATA (Please print or type)			
#1 Contact Name and Title		#2 Contact Name and Title	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
Email Address:		Email Address:	
Reason for Submission:	<input type="checkbox"/> New Provider <input type="checkbox"/> Contact Change <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone # Change <input type="checkbox"/> E-mail Change <input type="checkbox"/> Location Added	Date of Submission:	

BIU Use Only:

Date Entered into FITS: _____

Entered by: _____