

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		
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PROVIDER DATA
(Please print or type)

Licensed Provider Business Name and Address:

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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)
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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"/> Location Added	Date of Submission:	

BIU Use Only:

Date Entered into FITS: _____

Entered by: _____