

**Department of Behavioral Health and Developmental Services  
Office of Human Rights**

**HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST  
Existing Provider**

\_\_\_\_\_  
Provider (Program) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of program if different from provider's address

\_\_\_\_\_  
Director's name

\_\_\_\_\_  
Director's phone number

\_\_\_\_\_  
Director's email address

\_\_\_\_\_  
Type of service

\_\_\_\_\_  
Name of your Licensing Specialist

\_\_\_\_\_  
Current Human Rights Region

**Check all that apply:**

- Moving to a different region  
New address: \_\_\_\_\_
- Adding a location in the same region  
New address: \_\_\_\_\_
- Adding a service in the same region  
Type of new service: \_\_\_\_\_
- Adding a new service in a different region  
Address and type of new service: \_\_\_\_\_
- Other: \_\_\_\_\_

Please return this form, via email to [ohrpolicy@dbhds.virginia.gov](mailto:ohrpolicy@dbhds.virginia.gov).

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