



# CHART OF PROVIDERS' SITES AND SERVICES APPLICANT AND SUBCONTRACTORS

State Form 53360 (R3 / 6-16)  
DIVISION OF MENTAL HEALTH AND ADDICTION

**Key for Populations:**  
**CA** – Chronically Addicted  
**SED** – Seriously Emotionally Disturbed Children and Adolescents  
**SMI** – Seriously Mentally Ill Adults

Legal name of applicant community mental health center

County of Site of Service	DMHA Provider Number	1. Legal Agency Name of Provider 2. Address of Facility / Site of Service (number and street, city, state, and ZIP code – do not use PO box) 3. Date of Last Fire Inspection (month, day, year)	Case Management	Family Support	Medical Evaluation	Day Transfer Psycho / Social Rehabilitation AIRS / CAIRS	Outpatient / Intensive Outpatient	Acute Stabilization - Inpatient	Acute Stabilization - Detox	Residential - Supervised Group Living	Residential - Sub Acute	Residential - Transitional Residential Services	Number of Beds (if applicable)	New / Add	Delete
		1.	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA			
		2.	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED		<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI			
		1.	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA			
		2.	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED		<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI			
		1.	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA			
		2.	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED		<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI			
		1.	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA			
		2.	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED		<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI			
		1.	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA	<input type="checkbox"/> CA			
		2.	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED	<input type="checkbox"/> SED		<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI	<input type="checkbox"/> SMI			

Signature of authorized person \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

Typed or printed name of authorized person \_\_\_\_\_ Title \_\_\_\_\_



**CHART OF PROVIDERS' SITES AND SERVICES  
SEMI INDEPENDENT LIVING PROGRAM (SILP)**

State Form 53360 (R3 / 6-16)  
DIVISION OF MENTAL HEALTH AND ADDICTION

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*Please list all SILP sites. Attach additional sheets if needed.*

Legal name of applicant community mental health center

County of Site of Service	1. Legal Agency Name of Provider 2. Address of Facility / Site of Service (number and street, city, state, and ZIP code – do not use PO box) 3. Date of Last Fire Inspection (month, day, year)	Number of Beds	Residential - SILP	New / Add	Delete
	1.	Total beds per site: _____ Beds per unit: _____	<input type="checkbox"/> CA <input type="checkbox"/> SED <input type="checkbox"/> SMI	<input type="checkbox"/>	<input type="checkbox"/>
	2.				
	3.				
	1.	Total beds per site: _____ Beds per unit: _____	<input type="checkbox"/> CA <input type="checkbox"/> SED <input type="checkbox"/> SMI	<input type="checkbox"/>	<input type="checkbox"/>
	2.				
	3.				
	1.	Total beds per site: _____ Beds per unit: _____	<input type="checkbox"/> CA <input type="checkbox"/> SED <input type="checkbox"/> SMI	<input type="checkbox"/>	<input type="checkbox"/>
	2.				
	3.				
	1.	Total beds per site: _____ Beds per unit: _____	<input type="checkbox"/> CA <input type="checkbox"/> SED <input type="checkbox"/> SMI	<input type="checkbox"/>	<input type="checkbox"/>
	2.				
	3.				
	1.	Total beds per site: _____ Beds per unit: _____	<input type="checkbox"/> CA <input type="checkbox"/> SED <input type="checkbox"/> SMI	<input type="checkbox"/>	<input type="checkbox"/>
	2.				
	3.				

Signature of authorized person		Date (month, day, year)
Typed or printed name of authorized person	Title	