

SUMMARY SHEET OF CONTRACTED SERVICES

State Form 53365 (R2 / 1-17) FAMILY AND SOCIAL SERVICES ADMINISTRATION / DIVISION OF MENTAL HEALTH AND ADDICTION

Legal name of Community Mental Health Center (CMHC)		
Contracted Agency Information:		
Legal name of Agency		
Is Agency a nonprofit agency? Accreditation body (<i>if applicable</i>)		
🗌 Yes 🔲 No		
Address (number and street, city, state, and ZIP code)		
Name of Chief Executive Officer (CEO)	Telephone number of agency	
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TABLE OF SERVICES TO BE PRO	VIDED BY CONTRACTED AGENC	Y
Mark (x) to indicate services provided to each population.		
Continuum of Care	Mental Health Services	
	Adult	Children
Acute Stabilization – Inpatient		
Acute Stabilization – Detox		
Residential – Supervised Group Living		
Residential – Subacute Facility		
Residential – Transitional Residential		
	Addiction Services	
	Adult	Children
Case Management, including Assertive Case Management		
Outpatient, including Intensive Outpatient		
Acute Stabilization – Inpatient		
Acute Stabilization – Detox		
Day Treatment – Psychsocial Rehabilitation – AIRS/CAIRS		
Residential – Supervised Group Living		
Residential – Subacute Facility		
Residential – Transitional Residential		

Contract effective date (month, day, year)

Contract expiration date (month, day, year)

IMPORTANT: All contracts must contain the required elements: legal name of the entity providing services, responsibilities of each party, description of the specific services to be provided, effective and expiration dates, assurance of compliance with state and federal client confidentiality laws and regulations, the terms of consideration, and be signed and dated.

We, the authorized representatives of the named agencies, do affirm by our signatures, that the contract referenced on this "Summary Sheet of Contracted Services" will be in effect July 1 of the current fiscal year.		
Signature of CMHC	Signature of authorized agency	
Date (month, day, year)	Date (month, day, year)	
Type name and title of authorized representative	Type name and title of authorized representative	