

RESPONSE FORM (OPTIONAL)

PROGRAM ADMINISTRATOR INFORMATION

Program Name:	
Name of Program Administrator:	
Program Office Address:	
Telephone Number:	
Fax Number:	
Email Address(es): <i>(Correspondence from the US Probation Office will primarily be via email)</i>	

FACILITY AND SERVICES INFORMATION

List each facility address and the services provided at each site, that your agency is able and interested in providing to Federal defendants and offenders. Interested agencies will only receive RFPs for services in the geographic areas they identify. Your agency does not need to provide all the services on this list, however, some services may be required by the RFP's Statement of Work (SOW).

Program Facility <i>(Facility name, complete address, primary contact, telephone number, fax number, and email address)</i>	Service(s) Provided on Site <i>(Indicate the services provided at each site by choosing "yes" or "no," using the drop-down menus to the left of each item)</i>
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management

Program Facility <i>(Facility name, complete address, telephone number, and fax number)</i>	Service(s) Provided on Site <i>(Indicate the services provided at each site by choosing "yes" or "no," using the drop-down menus to the left of each item)</i>
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management
	Outpatient Substance Abuse Treatment Services Outpatient Mental Health/Co-Occurring Treatment Services Intensive Outpatient Substance Abuse Treatment Services Intensive Outpatient Mental Health/Co-Occurring Treatment Services Inpatient Inpatient Non-Medical Detox Residential Substance Abuse Treatment Residential Mental Health/Co-Occurring Treatment Case Management

To submit this form electronically:

1. Save the completed form to your computer. *(Note: A full version of Adobe Acrobat may be required to save this form. If you are unable to save it, print the form and mail or scan and email to the US Probation Office.)*
2. Open the document and click the "Send" button.
3. Your default email program should open.