



CENTERPOINT INSURANCE GROUP

SUBSTANCE ABUSE PROGRAMS APPLICATION

Applicant/Agency Name: _____

Mailing Address: _____

1. Is treatment for Individual or Group?

Number of individual sessions annually: _____ Number of group sessions annually: _____

2. Do you provide a methadone maintenance programs? Yes No

If yes, where is the methadone stored? _____

Number of methadone-only clients annually: _____

Number of clients with take home privileges: _____

Describe measure to guard against the diversion of methadone by employees and/or clients:

3. Do you operate a detoxification unit? Yes No

If Medical, do you accept clients with a history of delirium tremens (DTs) or seizures? Yes No

If clients are experiencing DTs or seizure, do you treat them or refer them to a hospital?

4. Do you operate drug/alcohol rehabilitation? Yes No If yes, are these for adults only? Yes No

Are facilities single sex? Yes No Co-ed? Yes No

AGENT'S/BROKER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____