



TENNESSEE REDLINE

Alcohol, Drug, and other Addictions Information and Referral Providing information dissemination and referral for prevention, intervention, and treatment services both statewide and nationwide.

If your agency has satellite locations that offer some or all of your programs and/or services, please fill out a separate form for each individual location.

Agency Legal Name _____

Agency Acronyms or AKA's _____

Physical Address

Agency Contact Person (for REDLINE database updates)

Check here is physical address is CONFIDENTIAL

Name _____

Street _____

Title _____

City _____ State _____

Email _____

County _____ Zip _____

Phone _____

Phone Numbers

Toll Free _____

Central Intake # _____

State Funded Providers

Warm Handoff # _____

Handoff Coordinator _____

Organization's Information

Agency E-Mail _____

Agency Website _____

Days of Operation (check all that apply)

Hours of Operation (please fill in)

Mon Tues Wed Thurs Fri Sat Sun

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____

Sun _____

Affiliation (Is agency affiliated with a larger organization?)

No Yes

If yes, name of organization _____

Facility Information

License (specify) _____

Faith Based _____

Certificates/Accreditations (specify) _____

County/Area Served _____

Fees (Please indicate the fee structure for each program/service. Check all that apply.)

No Fee

Sliding Scale

Fee For Service

Varying Fees (explain) _____

Accessibility (What accommodations does your facility provide to individuals with disabilities?)

- Not Applicable
 Access Without Special Facilities
 Limited Access
 Hearing Impaired/Deaf
 Full Wheelchair Access
 Vision Impaired/Blind

Other (specify) _____

Transportation (Check all that apply)

- No Transportation Provided
 Public Transportation Available (on bus line, bus pass, etc.)
 Agency Provides Transportation
 Agency Will Arrange for Transportation

Special Language Services

- Spanish Services
 Spanish Translator

Other (specify) _____

Available Services (Check all that apply)

Eligibility

- Children (12 & under)
 Adolescent (13-18)
 Adults (over 18)
 Male Only
 Female Only
 Transgender
 Co-Ed
 Pregnant Women
 Women w/ Children
 Parole
 Sex Offender
 Violent Offender
 Ex Offender

Mental Health

- Assessment
 Outreach
 Outpatient
 Individual Counseling
 Group Counseling
 Telehealth
 Inpatient
 Co-Occuring
 Support Groups
 Prevention

Substance Abuse

- Individual Counseling
 Intervention
 Assessment
 Outreach
 Prevention
 Intensive Outpatient (IOP)
 Telehealth
 Aftercare
 MAT
 Medical Detox
 Residential
 Co-Occuring
 Social Setting Detox
 Transitional Housing
 Support Groups
 OBOT

Other

- DUI School
 Drug Testing
 Criminal Justice
 Emergency Relief/Shelter
 Human Trafficking
 Domestic Violence
 Narcan Training/Distribution
 Talkline/Warmline
 Harm Reduction
 Sexual Assault
 Gambling
 Drug Court

Insurance (Do you accept/require private insurance or equivalent third-party payors?)

- No Insurance
 Self Pay Only
 TNCare
 Medicare
 Not Applicable
 Free Community Supported Program
 State Funded

Insurance Accepted (please indicate what plans are accepted and specific plans excluded if any.)

Agency Description: Please attach a general agency description and/or administrative overview.

Satellites: If your agency has satellite locations that offer some or all of your programs and/or services, please fill out a separate form for each individual location.

Please return this survey by mail, fax, or email to:

TAADAS

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