



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

Agency Legal Name _____

Agency Acronyms or AKA's _____

Physical Address

Check here if physical address is CONFIDENTIAL

Street _____

City _____ State _____

County _____ ZIP Code _____

Mailing Address (if different)

Street _____

City _____ State _____

County _____ ZIP Code _____

Phone Numbers

Number _____ Contact Person/Title _____

Toll Free _____ Fax _____

Organization's Info

Agency E-Mail _____ Agency Website _____

Hours/Days of Operation _____

Area Served (Counties) _____

Organizational Status (Check all that apply)

- Non Profit -Church Affiliated
- Non Profit -Church Dependent
- Non Profit -Other (please specify) _____
- For Profit
- Coalition/Other Group
- Proprietary
- Federal
- State
- County
- City

Affiliation (Is agency affiliated with a larger organization?) No Yes

If yes, name of organization _____

Facility License Information

License (specify) _____

Unlicensed (specify) _____

Certificates/ Accreditations (specify) _____

Funding (Check all that apply)

- Federal
- State
- County
- City
- HUD
- United Way
- Donations
- Fees
- Foundation
- Independent Fund Raising
- Corporation/Business
- Church/Religious
- Dept of Human Services
- Non Profit, Other (specify) _____

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

- No Fee
- Donations Accepted
- Fee for Service (same for each client)
- Sliding Scale based on _____
- Varying Fees (explain) _____

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

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

- Not applicable
- Access without Special Facilities
- Limited Access
- Hearing Impaired/Deaf
- No access
- Full Wheelchair Access
- Vision Impaired/Blind

Special Language Services Spanish Other (specify) _____

Available Services (Check all that apply ... specifics can be detailed in the program description section)

- Children (12 & under)
- Adolescent (13-18)
- Adults (over 18)
- Male Only
- Female Only
- Co-Ed
- Intervention
- Assessment
- Prevention
- Outreach
- Aftercare
- Relapse Prevention
- Intensive Outpatient
- Outpatient
- Individual/Group Counseling
- Medical Detox
- Social Setting Detox
- Support Groups
- Residential
- Long Term Residential
- Halfway House
- DUI School
- Drug Testing
- ADAT
- Emergency Relief/Shelter
- Co-Occurring Disorders
- Mental Health
- Women with Children

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

- No Insurance
- Self Pay Only
- TennCare
- Medicare
- Cigna
- Aetna
- Not applicable
- Insurance Accepted (please indicate what plans are accepted and specific plans excluded if any):

Eligibility: Are your services limited to clients by criteria such as ethnic origin, disability, economic or marital status, age, military, etc.? Please specify: _____

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

Program Description(s): Please attach a description of each program/service your agency provides. Include any admissions procedures, policies, criteria, hours, etc., not covered previously. Also include number of beds if applicable. Please also include a copy of your agency's brochure or other literature. **Callers are referred to your agency based on this description so please be as thorough as possible.**

Satellites: If your agency has satellite locations that offer some or all of your programs and/or services, please attach a list of these locations, including program name, address, site contact person, phone number, and hours/days of operation.

Thank you very much for your time and effort. If you have any questions or comments, please give us a call. Please return this survey by mail, fax or e-mail to:

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