



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES

DWI Services Pilot Site Application

Section 1. Please complete the information below:

Facility Code:	
Facility Name:	
Contact Name and Number:	

Section 2. Please CHECK () all services provided at the agency that is a part of the pilot for PRIME for Life and/or Solutions:

- ADETS; Short Term Outpatient Treatment; Longer Term Outpatient Treatment;
 Day Treatment; Substance Abuse Intensive Outpatient Treatment;
 Substance Abuse Comprehensive Outpatient Treatment; Inpatient/Residential.

Please attach a monthly schedule (to show how the pilot will combine closed, sequential PRIME for Life groups and open therapy groups to ensure that the groups cover a minimum of 30 days for short term and 60 days for longer term).

Please indicate the Evidence-based Practice programs for the pilot:

- PRIME for Life
 PRIME for Life and Solutions
 Other _____

Section 3. Staffing (Attach NCSAPPB Documentation)

Staff Name (Printed)	NCSAPPB credentials

Name of applicant (printed): _____

Signature of applicant: _____