

REPORT OF FACILITY CHANGES / ADDITIONS

In order for us to maintain accurate advertising on our web site, and also ensure compliance with DWI laws/rules, please send this form in with any of the items that you have made changes with.

Facility: _____ DWI Facility Code: _____

Facility/Staffing Info	Does information need to be changed/added?	If <u>YES</u> is checked, indicate the change(s) below.
Facility Name	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health License	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Location & County	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax #	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Website	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ownership Change	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Director	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Send copy of NCASPPB credentials
Direct Care Staff	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Job Title: _____ Send copy of NCASPPB credentials
Contact Person for DWI	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Job Title: _____
Hours of Operation	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
DWI Program Components	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Report Closure of Agency/ Ceasing DWI Services	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Closure: _____ Records Transferred to: _____ Reason(s) for Closure: _____

Owner/Administrative Director Name/Title: _____

Signature: _____ Date: _____

Send completed form to: DWI Services, by one of the following options: Fax 919-508-0963, or Mail to: NC Division of MH/DD/SAS, DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008