REPORT OF FACILITY CHANGES/ADDITIONS

Please fax to DWI Services – 919-508-0963

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 checked YES, indicate change(s) below**
Facility name	Change ☐ yes ☐ no	
Mental health license	Change ☐ yes ☐ no	
Physical Location & County	Change ☐ yes ☐ no	
Mailing address	Change ☐ yes ☐ no	
Telephone	Change ☐ yes ☐ no	
Fax #	Change ☐ yes ☐ no	
Email	Change ☐ yes ☐ no	
Facility website	Change ☐ yes ☐ no	
Ownership Change	Change ☐ yes ☐ no	
Clinical director	Change ☐ yes ☐ no	Name **Send copy of NCSAPPB credentials**
Direct care staff	Change ☐ yes ☐ no	Name Job Title **Send copy of NCSAPPB credentials**
Contact person for DWI	Change ☐ yes ☐ no	Name Job Title
Hours of operation	Change ☐ yes ☐ no	
DWI program components	Change ☐ yes ☐ no	
Report Closure of Agency/ Ceasing DWI Services	Change ☐ yes ☐ no	Date of Closure Records Transferred to Reason(s) for Closure

Signature (Owner/Administrative Director): _____ Date: _____

Name/Title: _____

Mail to: NC Division of MH/DD/SAS, DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008, ATTN: Lynn Jones or Fax 919-508-0963