



Legal business name: _____ Tax ID: _____ NPI: _____

Location name & address: _____

HEALTH SERVICES CHECKLIST

Please check all that apply

* Please complete one form for each location*

Cultural and language specific services	Direct services	Interpreter services
Afghan		
African American/Black		
Asian American/Pacific Islander		
Hispanic/Latinx		
Hmong		
Karen		
Indigenous		
LGBTQIA2S+		
Somali		
Ukrainian		
Other:		

Culturally specific services	Mental health	Chemical-SUD
Afghan		
African American/Black		
Asian American/Pacific Islander		
Hispanic/Latinx		
Hmong		
Karen		
Indigenous		
LGBTQIA2S+		
Somali		
Ukrainian		
Other:		

Substance use disorder services	
Addiction medicine counseling	
Comprehensive assessment/evaluation	
Methadone treatment: Outpatient	
Peer recovery	
Recovery community organization	
Residential non-hospital treatment	
Substance use disorder: Inpatient	
Substance use disorder: Outpatient	
Withdrawal management	
Other:	

Mental health services	
ARMHS (Adult rehabilitative mental health)	
Case management	
Comprehensive assessment/evaluation	
IRTS (Intensive residential treatment)	
Mental health treatment: Inpatient	
Mental health treatment: Outpatient	
Peer support	
Psychological testing	
Psychotherapy	
Targeted case management	
Other:	

LGBTQIA+ services	
Affirmative cognitive behavioral therapy	
Gender affirmation services	
Gender affirmation treatment	
Gender identity	
Sexual health	
Other:	

Specialty services	
Care guided services	
Housing consultants (HCBS provider)	
Housing transition/sustaining (HCBS provider)	
Telehealth	
Unhoused/transitional counseling	
Other:	



Family and children services

Pregnancy and childbirth		Pediatrics to young adult	
Birthing centers		Children's chemical dependency	
Car seat education		Children's residential treatment	
Doula		Comprehensive assessment	
Family planning services		CTSS (Children's therapeutic services/supports)	
Genetic testing, genetic counseling or genomic test evaluations		EIDBI (Early Intensive Developmental and Behavioral Intervention)	
Infertility education, counseling or treatment		IRMHS (Intensive rehabilitative mental health services)	
Lactation consultation		Pediatric, aged 0-5	
Midwifery		Pediatric, aged 6-12	
Post-partum depression		Pediatric, aged 13-17	
Other:		Targeted case management	
		Other:	

Therapies

Anxiety disorders & stress management Therapies		EMDR (Eye movement desensitization & reprocessing)	
Biofeedback		Marriage and family topics	
Chronic pain/pain management		PTSD (Post-traumatic stress disorder)	
Depression		Sexual abuse evaluation/treatment	
Domestic violence		Stress-related conditions	
DBT (Dialectical behavioral therapy)		Other:	
Eating disorders			