



Superior Court of California
COUNTY OF ALAMEDA

ATTACHMENT 12

Supplemental Questionnaire

Services

1. What services do you provide? Please check all that apply.

- ☐ Outpatient Treatment
- ☐ Intensive Outpatient Treatment (at least nine hours weekly, co-ed)
- ☐ Intensive Outpatient Treatment (male only)
- ☐ Intensive Outpatient Treatment (female only)
- ☐ Intensive Outpatient Treatment (with childcare)
- ☐ Intensive Outpatient Treatment (for co-occurring, individual therapy)
- ☐ Intensive Outpatient Treatment (mono-lingual Spanish speaking)
- ☐ Residential Treatment (co-ed)
- ☐ Residential Treatment (male only)
- ☐ Residential Treatment (female only)
- ☐ Residential Treatment (women with their children)
- ☐ Residential Treatment (for co-occurring, individual therapy)
- ☐ Residential Treatment (mono-lingual Spanish speaking)
- ☐ Psychiatric Services
- ☐ Recovery Residence/Sober Living Environment
- ☐ Medication Assisted Treatment (Methadone)
- ☐ Medication Assisted Treatment (Suboxone/ Buprenorphine)
- ☐ Transportation

Urinalysis Testing (for treatment providers only)

2. Does your program provide UA testing? YES ☐ NO ☐ If yes, how frequently? _____
3. Are the tests random? YES ☐ NO ☐ 4. Are the tests observed? YES ☐ NO ☐
5. Are tests sent to a lab for confirmation? YES ☐ NO ☐

Policies

6. Please describe your discharge policy:

7. Please describe your medication policy:

8. Please describe your evidence-based practices (e.g. Criminal thinking curriculum, parenting classes, etc.):

Other

- | | | | |
|--|---------------------------------|--------------------------------|--|
| 9. Are members of your staff available to appear in court? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| 10. Does your program have a clinical schedule? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 11. Do you have a business license? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 12. Do you have insurance? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 13. What is your capacity? _____ | | | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a contract with the Superior Court, I understand that false or misleading information in my application may result in the dissolution of the contract.

Print: _____

Title: _____

Signature: _____

Date: _____