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 ☐ NO ☐

10. Does your program have a clinical schedule? YES ☐ NO ☐ If yes, please attach a copy to this document.

11. Do you have a business license? YES ☐ NO ☐ If yes, please attach a copy to this document.

12. Do you have insurance? YES ☐ NO ☐ 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: _____