

Name of representative on call 1		Date	
Name of representative on call 2		Date	
Name of representative on call 3		Date	
Name of representative on call 4		Date	
Phone number			
Program name	Website		
Address			
Executive/Director Informatio	on		
The quality of service in a treatment programers. Therefore, thoroughly researching the leaprogram.			
Program Owner	CEO/ED		
Director of Operations	Admissions D	irector	
Clinical Director	Clinical Director L	icense Type	
Medical Director(s)			
Nurse Practitioner(s)			

The Questionnaire for Drug Rehab, Mental Health, and Addiction Treatment provided by The Posting Board is intended solely for informational and educational purposes. This questionnaire is designed to assist individuals in gathering information and making informed decisions when seeking drug rehab, mental health, or addiction treatment programs. Please be aware that the information collected through this questionnaire is not a substitute for professional advice, diagnosis and does not replace the expertise of qualified healthcare professionals. The results obtained from this questionnaire are based on the responses provided by the user. They should be used as a starting point for research and discussion. The Posting Board is not responsible for any decisions individuals make using this questionnaire or any outcomes resulting from those decisions. We strongly encourage you to seek advice from healthcare professionals, conduct thorough research, and carefully consider all options before selecting a drug rehab, mental health, or addiction treatment program.



Admissions Information

When seeking treatment, it's essential to understand the call-in process and ensure you're communicating with the right person. If you locate a program online, you could inadvertently contact a call center or third-party company that earns money by placing clients into treatment. This approach might give you a partial picture of the program. Therefore, we highly recommend speaking directly with an admissions or intake professional that works in the treatment program of interest. This step ensures you receive accurate and specific information about the program. For direct contact information, consider using resources like ThePostingBoard.com, Yelp, or Google to find the company's listing and phone number.

program: Call Center	Treatment Center	
Call Center	Treatment Center	
How many programs do you take calls for?	Reps email address (should have program name in email)	
Can I speak with someone from the program YesNo	Is your admissions open 24 hrs.?	
Do you share my Insurance info with other programs	Do you share my Insurance info with other programs	
If yes with who	If yes, with who	
Website for call center	Is program in or out of network with insurance?	
Are programs in or out of network with insurance?	Do you admit 24 hrs.? a day	
Program Profile Number of Locations Age of Program	Total Number of Reds	
Levels of Care Detox □ Residential □ Partial Hospita Outpatient □ Halfway House □	alization \square Intensive Outpatient \square	
Client to therapist ratio? Number	r of groups per day	
Who runs the groups	(ask for program schedule)	



Program Profile Continued

How many 1 on 1s per week with therapist?
How many 1 on 1s per week with psychiatrist?
Are Dr's full-time or part-time employees? Are they ABAM certified?
 Check Physicians Board Certification Status at - https://www.certificationmatters.org/find-my-doctor/
 Check Physicians American Society of Addiction Medicine Status at - https://asam.users.membersuite.com/community/physician-directory
Is facility Joint Commissioned? Yes No CARF accredited? Yes No
The Joint Commission. Is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. • Search Joint Commission Status at - https://www.qualitycheck.org/
 CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards. Search CARF Provider Status at - http://www.carf.org/providerSearch.aspx
Are you a 12-step program? if yes, which 12 steps
Do you offer alternatives to the 12 steps? If yes, what are they?



Program Profile Continued

If yes what for	r?
n treatment?	
nent after a client i	is
	_ If yes when is it? n treatment?



Insurance/Financial

What is the discharge protocol for clients who do not complete treatment either voluntarily or who are administratively discharged?
What is the refund policy if treatment is not completed?
Staff Credentials/Training
It's crucial to ask about the training of the Behavioral Health Techs who often spend the most time with
clients but may need more extensive training and understanding in dealing with addiction. Also, ensure
that therapists have specialized training, like being a Certified Addiction Professional (CAP) or an
equivalent, depending on the state. This ensures you or your loved one receive professional care attuned to
the complexities of addiction treatment
Have the behavioral health techs certified to work with substance abuse clients
YesN0If yes what type of training did they receive?
Who are your therapists?
who are your therapists.
What type of licenses do the therapist hold?
Do they hold a certification in addiction? If so what are the credentials
Do you have a welcome packet on what to bring and what to expect in treatment and a brochure on the program Yes No



Notes	
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