

Directory of
Drug & Alcohol
Residential
Rehabilitation
Facilities

Grey House Publishing

This comprehensive directory will be a helpful tool in locating the right source for treatment for case managers, social workers, state agencies, caretakers and more. Please take a moment to include as much information as possible.

FAX BACK TO (518) 789-0545

Facility Name: _____

Address: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Toll Free: _____

Fax: _____

Web Site: _____

E-mail: _____

Mission: (please complete) _____

Age Range: (please all that apply)

6-12

13-17

18-25

Over 30

Treatment Programs: (please all that apply)

Drug Inpatient

Drug Outpatient

Alcohol Inpatient

Alcohol Outpatient

Day Treatment

Short-Term Resident Long-Term Resident Other: _____

Programs Offered to: (please all that apply)

Male

Female

Adolescents

Adults

Cost Per Week: _____

Average Stay: _____

Number of Residents: _____

Number of Counselors: _____

Facility Name:

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Licenses/Certifications: (please all that apply)

CARF JCAHO State Certifications Other: _____

Insurance Accepted: (please all that apply)

Medicaid Medicare CHP BC/BS Aetna Self Pay
Other: _____

Key Executives: (please complete)

President/CEO

Director Finance:

Program Director:

Director: Development:

Vice President:

Director Operations:

Director Public Relations:

Clinical Staff: (please complete)

Medical Director:

Adolescent Program

Clinical Director:

Admissions:

Psychological Consult:

Registered Nurse:

Counselor:

Counselor:

Executive Director:

Adult Program:

Nurse Practitioner:

Family & Education:

Registered Nurse:

Registered Nurse:

Counselor:

Counselor:

Completed By: _____ **Title:** _____

Thank you! Please fax this information to (518) 789-0545

