

Request for Access to Tomahawk School District Facilities to Provide Clinical Mental Health and/or Substance Abuse Treatment Services

Each prospective Mental Health Provider must complete this application in its entirety in order to be considered for access to the Tomahawk School District facilities for a Clinical Mental Health Branch Office. This application must be submitted to the Tomahawk School District business office.

Identifying Information

Clinical Mental Health Provider (Agency)

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____

Fax_____

Email_____

Clinic Administrator

Name_____

Mental Health Licensed Practitioner/s (If more than one, list all)

Name/s_____

Contact Person for the Clinic/Agency (if not the clinic administrator)

Name_____

Additional Required Documents (to be included with request)

1. Signed memorandum of understanding
2. Written description of client base and services to be offered
3. Service delivery plan to include:
 - a. Requested frequency of access to Tomahawk School District facilities (hours and days of the week for service delivery)
4. Current resume for each service provider
5. Copy of practitioner's current state license/s and certificate/s (showing expiration date/s)
6. Copies of Board certification/s (if applicable)
7. Proof of current liability insurance (must indicate applicant as the insured and the Tomahawk School District as an "additional insured", policy period and coverage amounts)
8. Copy of "Client Rights" information to be displayed in branch office.