

**REPORT OF FACILITY CHANGES / ADDITIONS**

In order for us to maintain accurate advertising on our web site, and also ensure compliance with DWI laws/rules, please send this form in with any of the items that you have made changes with.

Facility: \_\_\_\_\_ DWI Facility Code: \_\_\_\_\_

Facility/Staffing Info	Does information need to be changed/added?	If <b><u>YES</u></b> is checked, indicate the change(s) below.
Facility Name	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health License	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Location & County	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax #	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Website	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ownership Change	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Director	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ <b>Send copy of NCSAPPB credentials</b>
Direct Care Staff	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Job Title: _____ <b>Send copy of NCSAPPB credentials</b>
Contact Person for DWI	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Job Title: _____
Hours of Operation	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
DWI Program Components	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Report Closure of Agency/ Ceasing DWI Services	Change <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Closure: _____ Records Transferred to: _____ Reason(s) for Closure: _____

Owner/Administrative Director Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to: DWI Services, by one of the following options:** Fax 919-508-0963, or Mail to: NC Division of MH/DD/SAS, DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008