REPORT OF FACILITY CHANGES/ADDITIONS

Please fax to DWI Services – 919-508-0963

Please note any changes and submit this form to DWI Services within 10 working days of any change/addition. Attach documentation as necessary.

Facility: ______________________________________ **DWI Facility Code:** _______________

Mental Health License #: ______________________ **Expiration Date:** _________________

Facility/Staffing Info	Does information need to be changed/added?	If checked YES, indicate change(s) below
Facility name	Change ☐ yes ☐ no	
Mental health license/exp date	Change ☐ yes ☐ no	
Physical Location & County	Change ☐ yes ☐ no	
Mailing address	Change ☐ yes ☐ no	
Telephone	Change ☐ yes ☐ no	
Fax #	Change ☐ yes ☐ no	
Email	Change ☐ yes ☐ no	
Facility website	Change ☐ yes ☐ no	
Owner/management entity	Change ☐ yes ☐ no	
Clinical director	Change ☐ yes ☐ no	
Direct care staff	Change ☐ yes ☐ no	Name ____________ Job Title ____________ **Must send NCSAPPB credentials**
Contact person for DWI	Change ☐ yes ☐ no	Name ____________ Job Title
Hours of operation	Change ☐ yes ☐ no	
DWI program components	Change ☐ yes ☐ no	
Date of Closure Records Transferred To:	Change ☐ yes ☐ no	

Signature (Administrative Director): ___________________________________Date: _________

Name/Title: ____

Mail to: NC Division of MH/DD/SAS, Justice Systems, DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008, ATTN: Lynn Jones