## **RASP Application 2024**

1. Applicant Information	<u>tion</u>			
Agency Name				
Primary Contact				
Mailing Address				
City	State	Zip Code		
Phone	Fax			
E-Mail		Taxpayer	ID	
Ownership: Private	Public	Status:	For-Profit	Non-Profit
Date Business was established:		Years providing proposed services:		
Number of Full Time Employees:		Number of Part-Time Employees:		
Number of Service site	es in Dallas County:			
□ Virtual Services Off	ered (Physical site n	nay be waived it	fall services	s are offered virtual)
Service Site 1 Address – Phone _	:			
Service Site 2 Address	:			
Phone _				
Service Site 3 Address	:			
Phone _				

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#### 2. <u>Please Indicate which services you are applying to provide:</u>

**Outpatient Treatment Services:** Please note, DCCSCD requires outpatient treatment providers to have appropriate licensure and <u>three (3) or more years of agency experience</u> providing drug and alcohol treatment in order to apply in this category.

- Supportive Outpatient Program (SOP)
- □ Intensive Outpatient Program (IOP)
- Dual Diagnosis Outpatient Treatment (specialty designation)
- Spanish-Language Outpatient Treatment (specialty designation)

**<u>Certified Education Services:</u>** Please note, DCCSCD will utilize the TDLR Offender Education Programs list to refer clients to these programs. Agencies MAY NOT apply to provide certified services without current certification of developing a program.

- Drug Offender Education (TDLR)
- □ Minor In Possession (TDLR)
- DWI Education (TDLR)
- DWI Intervention (TDLR)

**Non-Certified Education Classes:** Applicant agencies MAY NOT apply to provide services in anticipation of developing a program.

- □ Life Skills
- □ Parenting
- □ Theft Intervention (Anti-Theft)
- □ Marijuana Education

\*\*Please note: Battery Intervention and Prevention Program (BIPP) and Anger Management are NOT vetted through this committee or process\*\*

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# 3. <u>Please scan the following documents/information and send as attachments for application to sofia.kamal@dallascounty.org.</u>

- Copies of signed RASP, applicable RASP attachments, and this application
- □ Agency Insurance Certificate (COI)
- □ Certificate of Occupancy (for all service sites)
- Staff roster of all employees, volunteers and contractors
- □ **<u>Staff</u>** Licenses/Certifications
- □ <u>Agency</u> Licenses/Certifications

#### 4. <u>ALL of the following documents/information must be maintained onsite for review:</u>

Pre-employment and annual criminal background checks on all employees, volunteers and contractors having direct client interaction or access to client records.