Recovery Works: Jail-Based Services

Please complete below information regarding Recovery Works Certified providers who provide services in your county's jail.

Jail Name (County):				
Address:				
Main Jail Contact:			Phone:	
Jail Medical Vendor:				
Pacovary Warks Provider	Services (select all that apply)		Contact Name /#	MOLL/DAA2
Recovery Works Provider	Services (select all triat apply)		Contact Name/#	MOU/BAA?
	☐ Mental Health	☐ Individual Treatment		☐ Yes
	☐ Addiction	☐ Group Treatment		□ No
	☐ Mental Health	☐ Individual Treatment		☐ Yes
	☐ Addiction	☐ Group Treatment		□ No
		□ In dividual Treatment		☐ Yes
	☐ Mental Health ☐ Addiction	☐ Individual Treatment☐ Group Treatment		□ Yes
	Addiction	□ Group Treatment		
		.		.
	☐ Mental Health	☐ Individual Treatment		□ Yes
	☐ Addiction	☐ Group Treatment		□ No
	1		<u> </u>	
Form Completed By:				
		Title.		
Name:		Title:		
Signaturo		Date:		
Signature:		Date		

Please submit this form via email to Recovery Works at

recovery.works@fssa.in.gov.

THANK YOU!