

ATR Ohana Provider Application

(Please type or print clearly in black or blue ink.)

Legal Business Name	
Legal Business Address	
Main Business Phone	
Federal EIN Number	
Hawaii General Excise Tax License #	
Physical Address where services are delivered	
Direct Supervisor for staff providing ATR services	
Contact Numbers for this supervisor	(office) (cell) (fax) (e-mail)
Fiscal Contact responsible for billing and payments	
Contact numbers for fiscal contact	(office) (cell) (fax) (e-mail)
Website (if available)	

Populations served

Place a check mark in the box if your agency serves the following individuals:

	Youth ages 12 through 17
	Adults
	Pregnant women
	Females
	Males
	Families with children
	Methamphetamine users
	Deployed Veterans
	Military, National Guard, or Reserves
	Dependents of military or National Guard
	Individuals at-risk for, or exposed to HIV/AIDS
	Incarcerated individuals re-entering community

Type of provider

Place a check mark in the box that best describes your organization/service. If your organization fits more than one category, indicate ALL that apply.

<input type="checkbox"/>	Faith and/or cultural content embedded in services
<input type="checkbox"/>	Optional faith- and/or cultural-based services
<input type="checkbox"/>	Secular services (No faith- or cultural-based content)
<input type="checkbox"/>	Individual service provider (not incorporated as a business)
<input type="checkbox"/>	Staff includes Deployed Veterans
<input type="checkbox"/>	Staff includes individuals with Military, National Guard, and/or Reserves experience
<input type="checkbox"/>	Staff includes volunteers who provide direct services to clients

For incorporated businesses, please attach:

<input type="checkbox"/>	Copy of incorporation documents
<input type="checkbox"/>	Relevant licenses and/or certifications
<input type="checkbox"/>	Brochures or promotional materials about the services you provide
<input type="checkbox"/>	Business card and/or letterhead confirming your business name, address, and contact information

If you are an individual, not a business, please attach:

<input type="checkbox"/>	Resume or curriculum vita
<input type="checkbox"/>	Relevant licenses and/or certifications
<input type="checkbox"/>	Copy of your social security card
<input type="checkbox"/>	Business card and/or letterhead confirming your name, address, and contact information
<input type="checkbox"/>	Brochures or promotional materials about the services you provide
<input type="checkbox"/>	Copy of your driver's license
<input type="checkbox"/>	Three letters endorsing your services from recognized, established, community entities

Please attach a statement of 100 words or less that describes the specific services you provide to clients with alcohol and drug abuse issues, ages 12 and older. (Do not exceed 100 words – about 10 sentences.)

Please provide an estimate of the total number of ATR Ohana clients you anticipate serving monthly at all locations for your agency. _____

Please estimate the total number of agency and other staff who will be providing ATR Ohana services to the clients indicated above. _____

(Inaccurately estimating your service capacity may result in ADAD ATR staff adjusting your agency's enrollment cap, or may result in dissatisfied clients who are not served as promptly or as frequently as they expect or need.)

***A site visit to your service location(s) is required prior to authorization as an ATR Ohana service provider.**