



## Longmont Department of Public Safety



Thank you for your inquiry into partnering with the Longmont Department of Public Safety and Police Assisted Addiction and Recovery Initiative (PAARI) as one of our treatment providers. In order to begin the process, please complete the following form.

- Bullet points of all treatment provided (i.e. detox, inpatient, outpatient, medicinal, after care, sober living, and counseling).
- Clinical/Spiritual/other based.
- All licenses and certifications from the state you operate in.
- A commitment to a 24-hour turnaround time from the request for treatment to arrangements for our intake to arrive at your facility.
- A commitment to have your entire staff aware of the arrangement between the Longmont Department of Public Safety, PAARI and your organization.
- 2 scholarship treatment plans, at a minimum, per month. Please outline what this would include.
- A 24-hour contact person and telephone number. When we say 24-hour, there must be availability of a person who knows the partnership is available 24-hours a day and we need to be able to reach them.

What we offer, in addition to the obvious facilitation into care for people suffering from this disease, which is the most important and basic function of all our partnerships, is the referral of our intakes with insurance to your facility, listing on our website ([www.longmontcolorado.gov/angel/treatment](http://www.longmontcolorado.gov/angel/treatment)) and ([paariusa.org](http://paariusa.org)) as an official partner. Press release announcing the partnership and when the first intake is taken into your program and ongoing exposure nationwide for your facilities.

If the above is acceptable, please provide all the information and we can begin the partnership process.



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Treatment Provider Name:	
Location address:	
Website URL:	
Phone including area code:	
<b>After-hours (24-hour contact) phone: Required</b>	
Name primary point of contact for troubleshooting:	
Email for primary contact	
Phone for primary contact:	
Cell for primary contact:	
Treatment services provided i.e. detox, inpatient, outpatient, medicinal, after care, sober living, and counseling	
Age / Gender of patients you treat (ie adults, juveniles, only females, etc.)	
Payment methods: free, accepts specific insurance, sliding scale, credit cards, cash, Medicaid, etc.	
Is your treatment – Clinical or Spiritual based?	



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Can you provide us with at least 2 scholarships per year for treatment services requiring payment for non-insured	Yes	No
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Print Name

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Signature

Please email the attached form and all licenses and certifications for the services you expect to provide to: [robin.ericson@longmontcolorado.gov](mailto:robin.ericson@longmontcolorado.gov)

(Updated 010.25.16)