

Community Mental Health Allocation Report, F-01684 (12/2017)

Contact Information

1. County Name (or group of counties) *

2. Please provide the contact information for the person responsible for completing this report. *

First Name

Last Name

Title

Agency Name

Street Address

City

State

Zip

Email Address

Phone Number

Expenditures

Numbers Served

4. In the below table please indicate the number of individuals who received services in 2017 via a program or service funded in part by the Community Mental Health Allocation. If exact counts are not known, estimates should be provided.

*

<input type="text"/>	Adult Family Home
<input type="text"/>	Assistance for People Relocating from an IMD/Medicaid-Certified Skilled Nursing Facility to Community Placement
<input type="text"/>	Case Management
<input type="text"/>	Certified Community Support Program (CSP)
<input type="text"/>	Certified Comprehensive Community Services (CCS)
<input type="text"/>	Certified Peer Specialists
<input type="text"/>	Community-Based Residential Facility
<input type="text"/>	Community Recovery Services (CRS)
<input type="text"/>	Coordinated Services Teams (CST)
<input type="text"/>	Counseling/Therapeutic Resources
<input type="text"/>	Crisis Intervention
<input type="text"/>	Day Center Services-Nonmedical
<input type="text"/>	Day Treatment-Medical
<input type="text"/>	Group Home
<input type="text"/>	Information and Referral
<input type="text"/>	Intake Assessment
<input type="text"/>	Medication Management
<input type="text"/>	Outreach
<input type="text"/>	Supported Employment
<input type="text"/>	Supportive Community Services (Excluding Case Management)
<input type="text"/>	Transportation
<input type="text"/>	Work-Related Services

Total : 0

5. Are the above tabulations of numbers served actual counts or estimated counts? *

- Actual
- Estimates

Comments

Capital Expenses

6. Was any equipment purchased using the 2017 Community Mental Health Allocation?

- Yes
- No

7. If yes, please describe below the item(s) that were purchased and provide a rationale for their purchase. Equipment purchase expenditures must be related to the achievement of appropriate program goals, and be allowable under the Community Mental Health Allocation.

Highlights

8. Please describe the Program Highlights with outcomes achieved through the use of the Community Mental Health Allocation in CY 2017 in your service area.

9. Select a file to upload if desired.

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Certification

10. I certify that the information reported here is accurate and complete to the best of my knowledge. I also certify that I am authorized on behalf of the above county to certify this report. (Please enter your name below).
