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***SITE SPECIFIC INFORMATION***

PLEASE COMPLETE THE FOLLOWING INFORMATION THAT INCLUDES ALL SITES WHERE DMHAS FUNDS WILL BE USED:

TOTAL NUMBER OF SITES \_\_\_\_\_

**SITE 1**

<b>Address (street &amp; city)</b>	<b>Hours of operation</b>	<b>Type of services</b>	
<b>Licensed (Y or N)</b>	<b>License #</b>		<b>Total</b>
<b>licensed beds/capacity</b>			
<b>Total number of DMHAS slots receiving services at this site</b>			

**SITE 2**

<b>Address (street &amp; city)</b>	<b>Hours of operation</b>	<b>Type of services</b>	
<b>Licensed (Y or N)</b>	<b>License #</b>		<b>Total</b>
<b>licensed beds/capacity</b>			
<b>Total number of DMHAS slots receiving services at this site</b>			

**SITE 3**

<b>Address (street &amp; city)</b>	<b>Hours of operation</b>	<b>Type of services</b>	
<b>Licensed (Y or N)</b>	<b>License #</b>		<b>Total</b>
<b>licensed beds/capacity</b>			
<b>Total number of DMHAS slots receiving services at this site</b>			

**SITE 4**

<b>Address (street &amp; city)</b>	<b>Hours of operation</b>	<b>Type of services</b>	
<b>Licensed (Y or N)</b>	<b>License #</b>		<b>Total</b>
<b>licensed beds/capacity</b>			
<b>Total number of DMHAS slots receiving services at this site</b>			

**SITE 5**

<b>Address (street &amp; city)</b>	<b>Hours of operation</b>	<b>Type of services</b>	
<b>Licensed (Y or N)</b>	<b>License #</b>		<b>Total</b>
<b>licensed beds/capacity</b>			
<b>Total number of DMHAS slots receiving services at this site</b>			