

APPLICATION FOR RESOURCE & REFERRAL VETTING

ORGANIZATION: _____

YOUR NAME: _____

YOUR CREDENTIALS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ EMAIL: _____

 OFFICE NUMBER: _____ CELL #: _____ SHARE CELL?

WEBSITE: _____

 TYPE OF RESOURCE:

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Mental Health Housing |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Recovery Coach | <input type="checkbox"/> Residential (RTC) | <input type="checkbox"/> Interventionist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Support Group | <input type="checkbox"/> Intensive Counseling Program | <input type="checkbox"/> Nurse Practitioner/Psych |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Sober Living | <input type="checkbox"/> IOP | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Detox | <input type="checkbox"/> PHP | _____ |

 AGES:

| | | |
|---|--|--|
| <input type="checkbox"/> Children Under 5 | <input type="checkbox"/> Children (5-12) | <input type="checkbox"/> Geriatric (55+) |
| <input type="checkbox"/> Adolescent (13-17) | <input type="checkbox"/> Young Adult (18-25) | <input type="checkbox"/> Adult |

 Bilingual
 Languages: _____

 ANY SPECIALTIES:

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Depression | <input type="checkbox"/> Life Transitions | <input type="checkbox"/> Trauma/Abuse |
| <input type="checkbox"/> Anger/ODD | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Marriage & Family | <input type="checkbox"/> Veteran/First Responder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Grief & Loss | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Christian Based | <input type="checkbox"/> High Achievers | <input type="checkbox"/> Pregnancy/PostPartum | <input type="checkbox"/> Other |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Sex/Pornography | _____ |

 PAYMENT TYPES:

| | | | |
|------------------------------------|-----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicare | <input type="checkbox"/> Sliding Scale | <input type="checkbox"/> Free |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Tri-Care | <input type="checkbox"/> Cash Only | |

 RATES:

| | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Under \$50 | <input type="checkbox"/> \$150-\$200 | <input type="checkbox"/> \$300-\$350 | <input type="checkbox"/> Free |
| <input type="checkbox"/> \$50-\$100 | <input type="checkbox"/> \$200-\$250 | <input type="checkbox"/> \$350-\$400 | <input type="checkbox"/> ProBono |
| <input type="checkbox"/> \$100-\$150 | <input type="checkbox"/> \$250-\$300 | <input type="checkbox"/> \$400-\$450 | <input type="checkbox"/> Reduced Rates |

As an Authorized individual with this agency, I confirm everything listed above is correct at the time of completion

 Signature

 Date

 This is only an application and does not guarantee inclusion into our resource database internally or externally.
 Mosaics will determine, in its sole discretion, whether a provider has met the criteria for inclusion.