

SECTION III: MUST be completed for EACH LOCATION. Additional pages found on the website.

Location Name (and dba, if applicable)			Address, City, State, Zip:			
Location Contact/Title:		Location Email Address:		Location Phone Number:		
Location Fax Number:		Location TIN:		NPI (if applicable):		
Accepting New Patients: Yes No			Same Day Appointments: Yes No			
Electronic Health Records (EHR): Yes No						
Telehealth Services: Telehealth Only -check if no in-person services are available Video Telehealth Telephonic Telehealth			Populations Served: Children: Starting Age: _____ Adolescents Adults Seniors			
Accessibilities: Americans with Disabilities Act compliant ADA Access for Building ADA Access for Parking ADA Access for Restroom 24/7 Phone Coverage Answering Service Is this location on a public transportation route? Text Telephony (TTY) Mental/Physical Impairment Services American Sign Language Interpreter Services Available			Languages Spoken (other than English): Spanish Hmong Chinese Somali Lao Russian Burmese Other(s): _____			
<i>iCare encourages all Minority-Owned (MBE), Service-Disabled Veteran-Owned (DVB) and Woman-Owned (WBE) businesses to register with WISDP Supplier Diversity Program.</i> Indicate if you are registered with the WISDP Supplier Diversity Program: Minority Owned Business Service-Disabled Veteran-Owned Woman-Owned Business						
Location Hours:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Licensure, Certifications or Accreditation, if applicable:		Number	Effective Date	Expiration Date		
Medicaid Provider						
Wisconsin DQA Certified/Licensed						
Accrediting Organization						
Other Memberships/Certifications						
WI Coalition for Collaborative Excellence in Assisted Living (WCCEAL)						
WI Supplier Diversity Program						
Has this location or facility ever been revoked or denied any of the above?						Yes No

SECTION IV: LOCATION SERVICES, CHECK ALL THAT APPLY

Adolescent/ Child Psychotherapy Addiction Medication AODA Treatment (Outpatient) AODA Day Treatment - DHS 75.52 Art/ Music Therapy Biofeedback Community Support Program (CSP) - DHS 63 Competency Testing Developmental Testing/ Screening Eating Disorders Emergency Mental Health Program - DHS 34 Gender Identity Geriatric Psychotherapy Grief Counseling Group/Family Psychotherapy Hearing Impaired Hypnotherapy Individual Psychotherapy Mental Health Treatment Intensive Outpatient Treatment Service – DHS 75.51 Medication Management	Medication Assisted Treatment: Buprenorphine Methadone Naltrexone Suboxone Medically Monitored Residential Treatment Program – DHS 75.54 Mental Health Day Treatment - DHS 61.75 Mental Health Day Treatment for Children - DHS 40 Mood Disorders Narcotic Treatment for Opiate Addiction - DHS 75.59 Neuropsychological Testing Peer Recovery Support Services Personality Disorders Psychiatry Psychiatric Evaluation Psychological Testing Schizophrenia Substance Use Overdose Treatment Programs – DHS 72 Transitional Residential Treatment Program - DHS 75.53 Traumatic Brain Injury (TBI)
Single Specialty Practice, please list:	
Multi-Specialty Practice, please list:	
Other, please list:	
Counties Served (required only for providers who travel, ship, or deliver): Serves all Counties in Wisconsin List counties	