

**Division of Behavioral Health
 Driving Under the Influence (DUI) Program
 275 East Main Street, 4-WG
 Frankfort, KY 40621-0001
 (502)564-9208
 (502)564-9335 (fax)**

REPORT OF CHANGE FORM

(A separate form must be filled out for each DUI site that has changed)

REASON: **New Site** **Revision** **Site Closure** **Other** *

*services delivered; maximum fee; hours of operation; location of client/administrative records; scheduling telephone number; contact person; clinical services supervisor; DUI Directory program information; ownership; program name

Program Name: _____

Program Code: _____ **Location Code:** _____

Program Administrator's Name: _____

Administrative Mailing Address: _____

Location of Program Files: _____

Telephone Number: _____ **FAX:** _____ **E-Mail:** _____

Site Address (if different than above): _____

County: _____

Contact Person(s): _____

Scheduling Telephone Number(s): _____ **FAX:** _____

Days and Hours of Operation: _____

List DUI services and maximum fees charged at this site:

SERVICE	OFFERED		MAXIMUM FEE	COMMENTS
Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
20 Hour Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Individual Outpatient Treatment (cost per session)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Group Outpatient Treatment (cost per session)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intensive Outpatient Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Residential Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Detoxification	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Signature: _____ **Title:** _____

Date: _____

