

Services:

Please check all of the following services you are applying to provide.

Anger Management / Conflict Resolution	Alcohol and Drug Assessment	Alcohol and Drug Treatment
Assessments for Children with Sexual Behavior Problems <i>(Ages 12 and under)</i>	Intensive In-Home Family Services	Mental Health Assessment
Mental Health Case Management	Parenting Capacity Assessment	Neuropsychological Assessment <i>(Child/Youth)</i>
Neuropsychological Assessment <i>(Adult)</i>	Psychosexual Assessment Adolescent <i>(Ages 13 – 17)</i>	Psychological Assessment <i>(Child/Youth)</i>
Psychological Assessment <i>(Adult)</i>	Psychoeducational Assessment	Psychotherapy or Counseling
Therapy or Counseling for Sex Offender Treatment	Psychosexual Assessment Adult <i>(Ages 18 and up)</i>	

Alcohol and Drug Testing:

Fingernail Analysis	Medical Review of Drug Screen	Hair Analysis
Urine Analysis	Extended Panel Urine	

Other:

Homemaker Services	Prevention and Diversion Case Management Services	Parent Education/Class
Youth Services – Tutoring	Sitter	

Indicate if any of the services above can be conducted/provided in a language other than English, specify the foreign language and if an interpreter will be utilized.

Interpreter _____ Language: _____

Location:

Select all regions you are applying to provide services to:

(On Attachment III-B, specify which county/counties you wish to provide services in.)

Davidson	East	Knox
Mid-Cumberland	Northeast	Northwest
Shelby	Smoky Mountain	South Central
Southwest	Tennessee Valley	Upper Cumberland