

**Services:**

Please check all of the following services you are applying to provide. Indicate if any of the services below will be conducted/provided in a language other than English, specify the foreign language.

**Behavioral Health Services:**

Anger Management / Conflict Resolution	Alcohol and Drug Assessment	Alcohol and Drug Treatment
IOP Alcohol and Drug Treatment	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>	Assessment for Children with Sexual Behavior Problems <i>(ages 12 and under)</i>
Alcohol and Drug Assessment with a Mental Health Assessment		

**Alcohol and Drug Testing:**

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

**Other:**

Homemaker Services	Sitter Services	Parent Education/Class
Tutoring		
Interpreter	Language:	
Word Translation	Language:	

**Location:**

Select all regions you are applying to provide services to and 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