



# DMAP Outreach Facility Application

Return to: Perry DeJoode ♦ Division of Medical Assistance Programs  
500 Summer St NE, E35 ♦ Salem, OR 97301-1077 ♦ Fax (503)373-7689

Date	
Name of Facility	
Facility Street Address (used for UPS delivery)	
Facility Mailing Address	
County	DMAP Provider Number
Secretary of State Registration Number	

## Contact Information

Contract Administrator Name:	
Phone Number	Fax Number
E-mail address	
Outreach Contact Name:	
Phone Number	Fax Number
E-mail address	
Would you like your facility's information to be shared with:	
Local OHP Applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No, Comment:	
Advocacy groups? <input type="checkbox"/> Yes <input type="checkbox"/> No, Comment:	
Outreach Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No, Comment:	

## Facility Information

Hours of Operation
Number and Locations of Branch Sites
Type of Facility: <input type="checkbox"/> Alcohol/Drug (A & D) Detox <input type="checkbox"/> A & D Youth Residential Treatment Ctr. <input type="checkbox"/> County Health Dept. <input type="checkbox"/> Family Planning <input type="checkbox"/> Federally Qualified Health Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Local Health Dept. <input type="checkbox"/> Migrant Health Clinic <input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> Safety Net Clinic <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Other:
Number of Patients Served by This Facility
Number of Permanent Staff Positions (full- or part-time) to Perform Outreach Function
Additional information which supports this facility's interest in performing OHP Outreach.
For Office Use Only:
Code