**Certification Addendum II**

LOCATION OF PROGRAMS SITES

Please attach a list of your current sites. Include program name, site, physical address, services offered, contact person, telephone and fax number, and days/hours of operations. Add Rows as needed. Save as PDF and submit with application.

**Note: The “Services Offered” column should match the programs identified on page 2 of this certification application.**

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| **Site/Program Name** | **Street, City, Zip, County** | **Services Offered at Site**(For Substance Use Treatment programs, include Level of care provided at each site) | **Contact Personfor Site** | **Telephone, Fax Number, Email** | **Days/Hours of Operation** | **Number of Residential Beds** |
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