PROJECT SERVICES SHEET

Agency: _____

Project Name: _____ **Project Year:** _____

Indicate services provided to project participants and whether the services are provided by the applicant, a partnership documented through an MOU or other written agreement, or through mainstream services available to anyone in the community.

Service Provision	Applicant	Partner	Mainstream	**Name of Partner**
Outpatient Mental Health Services	☐	☐	☐	
Outpatient substance use disorder treatment	☐	☐	☐	
Psychosocial Interventions	☐	☐	☐	
Counseling	☐	☐	☐	
Medication Management	☐	☐	☐	
Suicide Prevention	☐	☐	☐	
Recovery Supports	☐	☐	☐	
Peer recovery specialists	☐	☐	☐	
Other peer support	☐	☐	☐	
Job Training	☐	☐	☐	
Community Building	☐	☐	☐	
Recovery Navigation	☐	☐	☐	
Parenting supports	☐	☐	☐	
Assertive Community Treatment (ACT) teams	☐	☐	☐	
Assisted Outpatient Treatment (AOT)	☐	☐	☐	
Other (describe):	☐	☐	☐	