

# DEPARTMENT OF PUBLIC HEALTH BUREAU OF SUBSTANCE ABUSE PREVENTION AND CONTROL FIELD-BASED SERVICES RENEWAL FORM

**RENEWAL:** FBS providers must submit a renewal annually by May 31st. To renew, the following must be emailed to [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov):

- Signed cover letter
- Renewal Form
- Narrative documenting all changes if any changes have been made to the original application

Agency \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Have there been any significant changes to your agency's operations with FBS service, including but not limit to staffing changes, changes in hours, end of services at a site, expiration of MOU.

Yes

No

If you answered yes, provide an updated narrative documenting all changes.

I attest to the following:

\_\_\_\_\_ continues to provide field-based services.

FBS staff have reviewed and adhere to the requirements of the FBS Standards and Practices.

FBS staff have been trained in naloxone administration and carry it while providing service except where expressly prohibit by location regulation.

\_\_\_\_\_ has and will continue to properly document Field Based Services as required by the FBS Standards and Practices and Provider Manual

Please sign to indicate that this application and all supplemental materials provide complete and accurate information.

Name of Authorized Individual \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_ Date: \_\_\_\_\_