



North Sound Behavioral Health Organization, LLC

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SUBSTANCE ABUSE BLOCK GRANT (SABG) FUNDS ELIGIBILITY REVIEW FORM

Fax this form to: 360-416-7017	Telephone number to call with questions: 360-416-7013 and ask for SUD
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ELIGIBILITY REVIEW

Date:
Name of Outpatient Treatment Provider:
Provider NPI #:
Staff Contact Name:
Staff contact FAX:
Staff contact telephone:

Full Name (First, Middle, Last):
Date of Birth:
County of Residence:
Check as applicable:
Non-Medicaid
220% of Federal Poverty Level
PPW
IUID
ICD-10 Code Number:
ASAM Level of Care: