

**THERAPEUTIC FOSTER CARE/
INTENSIVE ALTERNATIVE FAMILY TREATMENT
SITE ADDITION FORM**

THIS FORM CAN BE USED BY CURRENTLY CONTRACTED PROVIDERS ONLY

Submit this form to request the addition of a Therapeutic Foster Care (TFC) or Intensive Alternative Family Treatment (IAFT) site.

Please submit completed form to Contracts@TrilliumNC.org

PROVIDER INFORMATION			
Date Form Completed		Requested Effective Date	
Provider Name			
Contact Name			
Contact Phone Number		Contact Email	
Billing Address			
	Street	City	State Zip +4
Provider Tax ID Number		Provider NPI Number	
Provider Taxonomy #			
ADDITIONAL SITE INFORMATION			
Site/Name			
License #			
License Expiration Date			
Address			
	Street	City	State Zip +4
Services Requested	<input type="checkbox"/> Therapeutic Foster Care - S5145 (include the DSS License) <input type="checkbox"/> Intensive Alternative Family Treatment - S5145-HK (include the DSS License and IAFT Training Certificate) <input type="checkbox"/> Therapeutic Leave - 183		
ADDITIONAL SITE INFORMATION			
Site/Name			
License #			
License Expiration Date			
Address			
	Street	City	State Zip +4
Services Requested	Therapeutic Foster Care - S5145 (include the DSS License) Intensive Alternative Family Treatment - S5145-HK (include the DSS License and IAFT Training Certificate) Therapeutic Leave - 183		