



**Macomb County Community Mental Health
Substance Use Services Department**

SUD PROVIDER REQUEST TO OPEN REGISTRY

Service Category:

Recovery Home: _____

Peer Coach: _____

Admission Date:	
Requesting Agency:	
Site Location:	

Person Making Request:	
Contact Number:	
Contact Email:	

Consumer Demographic Information:			
First Name:		Last Name:	
Other Name Used:		SSN:	
Gender:	Male Female Other	Date of Birth:	
Address:		City:	
State:		Zip:	
Home Phone:		Alt. Phone:	

Complete this form on the day of the first service and send to Managed Care Operations (MCO) by:

- **Scanning this form and consumer signed release to “SUD Release” in the FOCUS Message System; or**
- **Faxing this form and release to (MCO) at 586-948-0223**