



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

**SUD RECOVERY HOME PROVIDERS
REQUEST TO OPEN REGISTRY**

Service Category:
<input type="checkbox"/> Recovery Home
<input type="checkbox"/> Peer Coach

Admission Date
Requesting Agency
Site Location
Person Making Request
Contact Number

Consumer Demographic Information:	
First Name	Last Name
Other Name Used	SSN
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Date of Birth
Address	City
State	Zip
Home Phone	Alt. Phone

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

- *Scanning this form and the consumer signed release, attaching it to an **encrypted email** and sending it to sudadmissions@mccmh.net. No PHI can be in the attachment name or subject line of the email.*
- ***If encrypted email is unavailable**, then scan this form and consumer signed release to "SUD Release" in the Focus Message System.*