



Network Provider Brief Application

Purpose:

In order to meet the needs of Solano County's diverse population, Solano County Behavioral Health (SCBH) is seeking licensed mental health providers/practitioners to provide office-based services.

Instructions:

1. Fill out this form
2. E-mail to: providerrelations@solanocounty.com Subject "Network Provider Brief Application" or fax to 707-428-6542

Provider Information

Name: Licensure Type/Discipline:

Ethnicity (you may select up to two):

Primary Office Address: City: State: Zip Code:

Phone Number: Secure Fax: E-mail:

Secondary Office Address: City: State: Zip Code:

Phone Number: Secure Fax: E-mail:

Mailing Address (If different): City: State: Zip Code:

Experience

- I have been licensed for at least two years.
- I have a breadth of clinical experience, including working with consumers with Medi-Cal.
- I have worked in a SCBH County-operated clinic.
- I have worked for a SCBH contracted organization.

Services to Provide

1. I have an office and provide services in one or more of the following areas. *(Note: Your office address must match the checked area.)*
- Benicia Dixon Fairfield Rio Vista Suisun City Vacaville Vallejo Other
2. I can provide services in one or more of the following languages:
3. I am willing to work with clients with a limited benefit (18 - 24 sessions per year). Yes No
4. How many SCBH-referred individuals can you see per week? *(Note: SCBH prefers that you provide services to 5 clients at a time.)*

Signature: Date: