State of Connecticut
Department of Mental Health and Addiction Services
Recovery Supports Program (RSP)

Administrative Services Organization:
Advanced Behavioral Health, Inc.
P.O. Box 735, Middletown, CT 06457
PHONE: 1-800-658-4472 FAX: 1-866-249-8766

TREATMENT VERIFICATION FORM

DATE:

RE: Request for Recovery Supports Program Services

Applicant's Name:_____

Treatment Provider: _____

Provider Address: _____

Level of care / Type of treatment: _____

Treatment Start Date: _____ Expected Discharge Date: _____

Participation in behavioral health treatment is a requirement for individuals to access services through the DMHAS Recovery Supports Program (RSP). I am attesting that the individual named above is participating in behavioral health treatment.

_____
Name of Clinician Clinician Phone #

_____ _____/____/___
Signature of Clinician Date

If there are any questions contact the Recovery Supports Program (RSP) at 1-800-658-4472.

Please fax the completed form to ABH at 1-866-249-8766