

EXHIBIT B
SERVICE COMPONENT INFORMATION

Service Component	Activities, Tasks And Procedures (Check all that apply)	Average Length of Session (Minutes)	Average Number of Sessions per Month	Service Provision Arrangements		
				On-Site By Applicant	Referral To Another Applicant Service	*Referral To Another Provider
Drug and Alcohol Counseling	<input type="checkbox"/> Individual Counseling					
	<input type="checkbox"/> Group Counseling					
	<input type="checkbox"/> Encounter Groups					
	<input type="checkbox"/> Family Counseling					
	<input type="checkbox"/> Family Group Counseling					
	<input type="checkbox"/> Stress Management Counseling					
	<input type="checkbox"/> Relapse Prevention Counseling					
	<input type="checkbox"/> Aftercare Counseling					
Vocational/Educational	<input type="checkbox"/> Vocational/Educational Assessment					
	<input type="checkbox"/> Individual Vocational/Educational Rehabilitation Counseling					
	<input type="checkbox"/> Group Vocational/Educational Rehabilitation Counseling					
	<input type="checkbox"/> Work Readiness and Employability Skills Training					
	<input type="checkbox"/> Life Skills Training					
	<input type="checkbox"/> English as a Second Language					
	<input type="checkbox"/> Basic Education					
	<input type="checkbox"/> Remedial Education					
	<input type="checkbox"/> GED/HS Education					
	<input type="checkbox"/> College Preparation					
	<input type="checkbox"/> Vocational/Educational Job Referral and Placement					
	<input type="checkbox"/> Vocational/Educational Job Follow-up and Support					
	<input type="checkbox"/> Occupational Therapy					
<input type="checkbox"/> Chemical Dependence Education						
Health-Related	<input type="checkbox"/> Acupuncture					
	<input type="checkbox"/> Detoxification					
	<input type="checkbox"/> Medical Examination					
	<input type="checkbox"/> Primary Medical Care					
	<input type="checkbox"/> Emergency Medical Care					
	<input type="checkbox"/> Nutritional Services					
	<input type="checkbox"/> Pre/Post Natal Care					
	<input type="checkbox"/> Pediatric Care					
	<input type="checkbox"/> HIV Antibody Testing					

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	Activities, Tasks And Procedures (Check all that apply)	Average Length of Session (Minutes)	Average Number of Sessions per Month	Service Provision Arrangements		
				On-Site By Applicant	Referral To Another Applicant Service	*Referral To Another Provider
Service Component	<input type="checkbox"/> Early HIV Primary Care					
	<input type="checkbox"/> HIV Case Management					
	<input type="checkbox"/> TB Testing					
	<input type="checkbox"/> TB DOTDOPT					
	<input type="checkbox"/> Health Counseling					
	<input type="checkbox"/> LAAM					
	<input type="checkbox"/> Antabuse/Naltrexone					
	<input type="checkbox"/> Psychotropic Medication					
	<input type="checkbox"/> Other Medication (Not Methadone or Psychotropic Rx)					
	<input type="checkbox"/> Urine Sampling					
	<input type="checkbox"/> Blood Drawing (Other than HIV)					
	<input type="checkbox"/> Breathalyzer					
	<input type="checkbox"/> Other Specialized Health Related Service					
	Legal/Criminal Justice	<input type="checkbox"/> Legal Counseling				
<input type="checkbox"/> Legal Representation						
<input type="checkbox"/> Reports to Court, DTAP, TASC, Etc.						
<input type="checkbox"/> Reports to DMV's Drinking Driver Program						
Social Services	<input type="checkbox"/> Parent Training					
	<input type="checkbox"/> Activity Therapies					
	<input type="checkbox"/> Child Care					
	<input type="checkbox"/> Housing Assistance					
	<input type="checkbox"/> Recreation					
	<input type="checkbox"/> Entitlement Assistance					
	<input type="checkbox"/> Transportation					
Mental Health	<input type="checkbox"/> Individual Psychotherapy					
	<input type="checkbox"/> Group Psychotherapy					
	<input type="checkbox"/> Psychiatric Assessment					
	<input type="checkbox"/> Psychological Assessment					
	<input type="checkbox"/> Psychosocial Assessment					
	<input type="checkbox"/> Psychotropic Medication Management					
	<input type="checkbox"/> Psychiatric Crisis Intervention					
Case Management	<input type="checkbox"/> Formal Case Management					
	<input type="checkbox"/> Crisis Intervention					

* ATTACH A COPY OF THE WRITTEN AGREEMENT BETWEEN THE APPLICANT AND THE OTHER PROVIDER.