

Iowa Department of Human Services
APPLICATION FOR ACCREDITATION

Provider Name and Address	Date March 13, 2015
Woodbury County Social Services 1211 Tri-View Ave, Suite – B Sioux City IA 51103	Telephone 712-279-6018
Email tjochum@sioux-city.org	County/Counties Served Woodbury County

A. Initial Renewal

If this is an initial application, why are you applying: _____

This service has previously been accredited on
November 2011 and expires on May 31, 2015
Date Date

NPI Number(s)
1073666806

- B. Type of organization:
- Case Management
 - Community Mental Health Center
 - Community Supported Living Arrangements
 - Mental Health Service Providers

- C. Check the appropriate service(s) for which you seek accreditation:
- Case Management
 - Supported Community Living Services (CSLA/CSP)
 - Intensive Outpatient/Day Treatment
 - Psychiatric Rehabilitation Services
 - Outpatient Psychotherapy/Counseling Services
 - Partial Hospitalization Services
 - Emergency Services
 - Evaluation Services

D. Indicate the number of targeted consumers for each service who are:
MI _____ MR 355 DD _____

Name of Chief Executive Officer <i>Patty Erickson-Puttmann</i>	Name of Chairperson of Governing Body <i>Mark Monson</i>
Signature of Chief Executive Officer <i>[Handwritten Signature]</i>	Signature of Chairperson of Governing Body <i>[Handwritten Signature]</i>