



## 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. Read the SCBH Network Provider Overview Letter and SCBH Network Provider FAQs
  2. Fill out this form
  3. Print, scan and e-mail to: [providerrelations@solanocounty.com](mailto:providerrelations@solanocounty.com) Subject "Network Provider Brief Application" **or** fax to 707-425-4320

### 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 or have equivalent experience serving the Medi-Cal population during an internship.
- 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: