

**Department of Behavioral Health and Developmental Services
Office of Human Rights**

**HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST
Existing Provider**

Name of Provider

Address

Address of program if different from provider's address

Director's name

Phone number

Email address

Type of service

Name of your Licensing Specialist if one has been assigned

Current Human Rights region/advocate:

Check all that apply:

- Moving to a different region
New address: _____
- Adding a location in the same region
New address: _____
- Adding a service in the same region
Type of new service: _____
- Adding a new service in a different region
Address and type of new service: _____
- Other: _____

Please return this form, via email to ohrpolicy@dbhds.virginia.gov. The appropriate advocate will contact you with 5 business days to provide you with contact information for LHRC's for the region.