

ATTACHMENT E - FUNDING DECLINATION FORM
OPIOID TREATMENT PROGRAM (OTP) MEDICATION DELIVERY SERVICE

OPIOID TREATMENT PROGRAM (OTP) INFORMATION

OTP Name	
PRU Number	
OTP Address	
Contact Name	
Contact Email	
Contact Telephone Number	

PROVIDE THE OTP'S REASONS AND JUSTIFICATIONS FOR DECLINING FUNDING

PROVIDE THE OTP'S POLICIES AND PROCEDURES AROUND PROVIDING MEDICATION DELIVERY SERVICES AND/OR OTHER SERVICES FOR PATIENTS WHO OTHERWISE DO NOT HAVE OTHER MEANS OF OBTAINING MEDICATION