

Resources - Detailed Information (All)

Provider Name: 12 STEP GAZETTE

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (215) 317-8774

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.12STEPGAZETTE.COM/

Other Info: A BI-MONTHLY NEWSLETTER SPECIFICALLY DESIGNED TO SERVE AS A COMMUNICATION VEHICLE FOR THE VAST NUMBER OF PEOPLE IN THE DELAWARE VALLEY WHO EITHER ARE "IN RECOVERY" THEMSELVES OR ARE SOMEHOW CONNECTED TO THIS GROWING SUB-CULTURE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: A AAA-1 ABUSE & HELPLINE (BAYONNE NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (973) 459-4209

Ext:

24 Hr: ☒

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NEWARK.AAA-ALCOHOLDRUGREHAB.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: A AAA-1 ABUSE & HELPLINE (BORDENTOWN NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (267) 293-9919

Ext:

24 Hr: ☒

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.LEVITTOWN.AAA-ALCOHOLDRUGREHAB.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: A AAA-1 ABUSE & HELPLINE (ROSELLE NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (908) 505-5217

Ext:

24 Hr: ☒

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.ELIZABETH.AAA-ALCOHOLDRUGREHAB.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: A NEW DAY REHAB

Alternate Name:

Address Line 1: 2001 BOMAR DR

Address Line 2:

City/State/Zip: PALM BEACH GARDENS FL 33408

Phone #1: (888) 991-3386 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ANEWDAYREHAB.COM/

Other Info: PROVIDES A PRIVATE, RESIDENTIAL PROGRAM (30-90 DAYS) THAT INCLUDES A HOLISTIC APPROACH COMBINED WITH THE PHILOSOPHY OF THE 12-STEP MODEL OF RECOVERY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ACCESS ONE INC

Alternate Name:

Address Line 1: 730 SHORE RD

Address Line 2:

City/State/Zip: SOMERS POINT NJ 08244

Phone #1: (609) 927-6662 Ext: 6 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HIVACCESS.COM

Other Info: RESOURCE CENTER FOR PEOPLE INFECTED WITH HIV/AIDS PROVIDING COMPREHENSIVE MEDICAL, DENTAL & SOCIAL SERVICES DESIGNED TO SPECIFICALLY ADDRESS ISSUES SUCH AS INACCESSIBLE TRANSPORTATION & FRAGMENTED SOCIAL & MEDICAL CARE SERVICES.

Other Info: SERVICES ARE PROVIDED TO ATLANTIC, CAPE MAY AND CUMBERLAND COUNTY RESIDENTS ONLY.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ADDICTION RECOVERY SYSTEMS

Alternate Name: ADDICTION RECOVERY SERVICES

Address Line 1: 1200 ROUTE 9

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 463-0500 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.MEDICATIONASSISTED.COM

Other Info: PROVIDES OUTPATIENT SUBSTANCE ABUSE DISORDER TREATMENT SERVICES TO RESIDENTS OF SOUTHEASTERN NJ INCLUDING MEDICATION ASSISTED TREATMENT WITH METHADONE AND SUBOXONE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input checked="" type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input checked="" type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ADDICTIONS HOTLINE OF NEW JERSEY

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 238-2333

Ext:

24 Hr: ☒

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: PROVIDES INFO & REFERRAL SERVICES TO CALLERS WITH ALCOHOL AND/OR DRUG RELATED PROBLEMS & CONCERNS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ADDICTIONS.ORG

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.ADDICTIONS.ORG

Other Info: PROVIDES LINKS TO NJ PROVIDERS BROKEN DOWN BY CATEGORY OF SERVICE. (E.G. RESIDENTIAL SHOR TERM, RESIDENTIAL LONG TERM, DETOX, MENTAL HEALTH, ETC.)

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: AL-ANON (SOUTH JERSEY)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NJ

Phone #1: (856) 517-0855

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: PROVIDES SUPPORT FOR THOSE WHO HAVE BEEN AFFECTED BY THE ABUSE OF ALCOHOL IN A LOVED ONE. USE THE PHONE NUMBER TO LOCATE AN AL-ANON MEETING NEAR YOU.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALATEEN

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (888) 425-2666

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NJ-AL-ANON.ORG

Other Info: PROVIDES FELLOWSHIP FOR YOUNG AL-ANON MEMBERS (USUALLY TEENAGERS) WHOSE LIVES HAVE BEEN AFFECTED BY SOMEONE ELSE'S DRINKING.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOL & DRUG ABUSE UNIT

Alternate Name:

Address Line 1: 2002 BLACK HORSE PIKE

Address Line 2:

City/State/Zip: PLEASANTVILLE NJ 08232

Phone #1: (609) 645-3572 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOL & DRUG REHAB HELP (CHERRY HILL NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 324-5101

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://CHERRYHILL.ALCOHOLISMDRUGDETOX.COM/DO-I-HAVE-A-PROBLEM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOL & DRUG REHAB HELP (JACKSON NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (732) 719-6287

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JACKSON.ALCOHOLISMDRUGDETOX.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOL & DRUG REHAB HELP (MIDDLETOWN NJ)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (732) 930-1992

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.MIDDLETOWN.ALCOHOLISMDRUGDETOX.COM/DO-I-HAVE-A-PROBLEM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOLICS ANONYMOUS

Alternate Name: CAPE ATLANTIC INTERGROUP

Address Line 1: 3153 FIRE RD (1C)

Address Line 2:

City/State/Zip: EHT NJ 8234

Phone #1: (609) 641-8855 Ext: 24 Hr: ☐ Comments:

Phone #2: (800) 604-4357 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAIGRP.ORG/

Other Info: THEIR WEBSITE PROVIDES A CENTRAL PLACE TO LOCATE AA MEETINGS IN CAPE MAY COUNTY AND THE SURROUNDING AREAS. YOU CLICK ON THE DAY OF THE WEEK AND A WHOLE PAGE OF MEETINGS COME UP.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ALCOHOLICS ANONYMOUS

Alternate Name: AA

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 486-4444

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: SUPPORT FOR THOSE WHO STRUGGLE WITH ALCOHOL ABUSE. USE THE PHONE NUMBER TO OBTAIN AN AA MEETING NEAR YOU.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ALCOHOLISM & DRUG DETOX

Alternate Name:

Address Line 1: 549 A POMPTON AVE

Address Line 2: SUITE 246

City/State/Zip: CEDAR GROVE NJ 07009

Phone #1: (973) 542-2884 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ALCOHOLISM & DRUG DETOX HELP

Alternate Name:

Address Line 1: 1162 ST GEORGES AVE (SUITE 117)

Address Line 2:

City/State/Zip: AVENEL NJ 07001

Phone #1: (732) 770-4320 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.WOODBRIDGE.ALCOHOLISMDRUGDETOX.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: ALINA LODGE

Alternate Name:

Address Line 1: 61 WARD RD

Address Line 2:

City/State/Zip: BLAIRSTOWN NJ 07825

Phone #1: (800) 575-6343 Ext: 24 Hr: ☐ Comments:

Phone #2: (908) 362-6114 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ALINALODGE.ORG/

Other Info: PROVIDES LONG-TERM REHABILITATION FOR TREATMENT RESISTANT AND RELAPSE PRONE ALCOHOLIC, DRUG ADDICTED AND DUAL DISORDER ADULTS AND THEIR FAMILIES. PRIOR TO ADMISSION, INDIVIDUALS NEED TO BE COMPLETELY DETOXED AND SOBER.

Other Info: ALSO OFFERS A 14 BED HALFWAY HOUSE TO WOMEN WHO HAVE SUCCESSFULLY COMPLETED PRIMARY ADDICTION CARE & CHOOSE TO EMBRACE THE 12-STEP PHILOSOPHY AND RECOVERY.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: AMBROSIA TREATMENT CENTERS

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: MEDFORD NJ

Phone #1: (866) 577-6868

Ext:

24 Hr: ☒

Comments: ADDICTION HOTLINE

Phone #2: (856) 336-5944

Ext:

24 Hr: ☐

Comments: NEW MEDFORD NJ LOCATION INFO

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website:

Other Info: PROVIDE INDIVIDUALIZED DRUG & ALCOHOL ADDICTION TREATMENT PROGRAMS INCLUDING HOLISTIC ADDICTION TREATMENT & DUAL DIAGNOSIS TREATMENT. THEY NOT ONLY TREAT THE ADDICTION, BUT THE WHOLE PERSON AS WELL.

Other Info: THEY HAVE MULTIPLE LOCATIONS LOCATED IN COASTAL SOUTH FLORIDA AND ARE OPENING A NEW 40 BED FACILITY IN MEDFORD NJ IN 2014.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: AMERICAN UNIVERSITY SCHOOL OF PUBLIC AFFAIRS

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.AMERICAN.EDU/JUSTICE

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: AMERICA'S KESWICK

Alternate Name:

Address Line 1: 601 ROUTE 530

Address Line 2:

City/State/Zip: WHITING NJ 08759

Phone #1: (732) 350-1187

Ext:

24 Hr: ☐

Comments: LOCAL

Phone #2: (800) 453-7942

Ext:

24 Hr: ☐

Comments: TOLL FREE

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website: WWW.AMERICASKESWICK.ORG

Other Info: THEY OFFER THE A 120-DAY RESIDENTIAL ADDICTION RECOVERY PROGRAM FOR MEN (\$500 APPLICATION FEE & THE REST OF THE PROGRAM IS FREE).

Other Info: THEY OFFER A 6-12 MONTH RESIDENTIAL PROGRAM TO SPECIFICALLY ADDRESS & MEET THE NEEDS OF WOMEN DESIRING TO BE FREE FROM THE BONDAGE OF ADDICTION. THEY ALSO PROVIDE COUNSELING/SUPPORT FOR WOMEN WHOSE HUSBANDS ARE IN THE 120-DAY RESIDENTIAL PROGRAM.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: AMETHYST ADDICTION ASSOCIATES

Alternate Name:

Address Line 1: 505 NEW RD

Address Line 2:

City/State/Zip: SOMERS POINT

NJ

Phone #1: (609) 653-0993

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: AMITY HOUSE

Alternate Name:

Address Line 1: 1004 HIGH ST

Address Line 2:

City/State/Zip: BURLINGTON NJ 08016

Phone #1: (609) 267-6182 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: 10-20 BEDS (MEN ONLY), 14 BEDS (WOMEN ONLY)

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 5:00PM

Tues: 9:00AM TO 5:00PM

Wed: 9:00AM TO 5:00PM

Thurs: 9:00AM TO 5:00PM

Fri: 9:00AM TO 5:00PM

Sat: 9:00AM TO 5:00PM

Sun: 9:00AM TO 5:00PM

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input checked="" type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: ANGEL FOOD MINISTRIES

Alternate Name:

Address Line 1: 114 CAPE MAY AVE

Address Line 2: SAINT VINCENT DE PAUL

City/State/Zip: MAYS LANDING NJ 08330

Phone #1: (609) 476-4195 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ANGELFOODMINISTRIES.COM

Other Info: CALL OR GO ONLINE TO ORDER. LOCATED ON THE CORNER OF RT 50 & 2ND ST. PROVIDES GROCERIES FROM 1ST RATE SUPPLIERS AT LESS THAN HALF THE RETAIL COST. GENERALLY, ONE FOOD BOX AT \$30 ASSISTS IN FEEDING A FAMILY OF FOUR FOR A WEEK.

Other Info: NO QUALIFICATIONS, MINIMUMS, INCOME RESTRICTIONS OR APPLICATIONS. ORDERS AND DISTRIBUTION ARE HANDLED BY CHURCH HOST SITES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: ANGEL VISIT BAPTIST CHURCH

Alternate Name:

Address Line 1: 435 W GARFIELD AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 972-5207

Ext:

24 Hr: ☐

Comments: PAM'S NUMBER. CONTACT HER FOR EMERGENCY FOOD SERVICES.

Phone #2: (609) 522-0056

Ext:

24 Hr: ☐

Comments: MAIN CHURCH NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: ASSOCIATES FOR LIFE ENHANCEMENT

Alternate Name:

Address Line 1: 3800 CHURCH RD

Address Line 2:

City/State/Zip: MT LAUREL NJ 08054

Phone #1: (609) 569-1610 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.EAPALE.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ASSOCIATES FOR LIFE ENHANCEMENT

Alternate Name:

Address Line 1: 505 NEW RD

Address Line 2:

City/State/Zip: NORTHFIELD NJ 08225

Phone #1: (609) 569-1144 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.EAPALE.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ATLANTIC CITY RESCUE MISSION

Alternate Name:

Address Line 1: 2009 BACHARACH BLVD

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 345-5517 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ACRESCEMISSION.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ATLANTIC COUNTY DRUG COURT

Alternate Name:

Address Line 1: 4997 UNAMI BLVD

Address Line 2:

City/State/Zip: MAYS LANDING NJ 08330

Phone #1: (609) 909-8113

Ext:

24 Hr: ☐

Comments: COORDINATOR'S #

Phone #2: (609) 909-8135

Ext:

24 Hr: ☐

Comments: JUDGE'S #

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JUDICIARY.STATE.NJ.US/DRUGCOURT/INDEX.HTM

Other Info: THE PORTION OF THE CRIMINAL JUSTICE ENVIRONMENT THAT HELPS BUILD A CLOSE COLLABORATIVE RELATIONSHIP BETWEEN CRIMINAL JUSTICE AND DRUG TREATMENT PROFESSIONALS.

Other Info: VISIT WEBSITE FOR ELIGIBILITY/REQUIREMENTS & DRUG COURT INFORMATION FOR ALL NJ COUNTIES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ATLANTIC PREVENTION RESOURCES

Alternate Name: APR

Address Line 1: 1416 NORTH MAIN ST

Address Line 2:

City/State/Zip: PLEASANTVILLE NJ 08232

Phone #1: (609) 272-0101 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ATLPREV.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ATLANTICARE BEHAVIORAL HEALTH

Alternate Name:

Address Line 1: 6010 BLACK HORSE PIKE

Address Line 2:

City/State/Zip: EGG HARBOR TOWNSHIP NJ 08234

Phone #1: (609) 646-9159 Ext: 24 Hr: ☐ Comments:

Phone #2: (888) 569-1000 Ext: 24 Hr: ☐ Comments:

Phone #3: (609) 646-5142 Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ATLANTICARE.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input checked="" type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments NSURANCE REQUIRED				
SJI Comments NO SJI FUNDING				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ATLANTICARE MISSION HEALTHCARE

Alternate Name:

Address Line 1: 2009 BACHARACH BLVD

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 344-5714 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ATLANTICARE.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input checked="" type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input checked="" type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ATLANTICARE REGIONAL MEDICAL CENTER NEW VISION

Alternate Name: STEPS

Address Line 1: 1925 PACIFIC AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 441-8976 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input checked="" type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: BARNABUS HOUSE MINISTRIES

Alternate Name:

Address Line 1: 436 W GARFIELD AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 522-9802 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDES COUNSELING-IN-RESIDENCE FOR RECOVERY FROM ADDICTIONS FOR NEEDED LIFESTYLE CHANGE. ALSO PROVIDES EMERGENCY FOOD.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: BAYSHORE COMMUNITY HOSPITAL

Alternate Name: NEW VISION MEDICAL STABILIZATION SERVICE

Address Line 1: 727 N BEERS ST

Address Line 2:

City/State/Zip: HOLMDEL NJ 07733

Phone #1: (732) 497-1650 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.BAYSHOREHOSPITAL.ORG/B/SERVICES/INDEX.CFM

Other Info: MEDICAL STABILIZATION IS THE PROCESS BY WHICH WITHDRAWAL SYMPTOMS ARE MEDICALLY MANAGED IN A HOSPITAL SETTING.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: BEACON EVANGELICAL FREE CHURCH

Alternate Name:

Address Line 1: 420 S SIXTH AVE

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (609) 748-0001 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.BEACONEFC.ORG

Other Info: OPEN TO PEOPLE FROM ABSECON, GALLOWAY, PORT REPUBLIC, COLOGNE, POMONA OR EGG HARBOR CITY THAT ARE IN NEED OF ASSISTANCE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 10:00AM TO 12:00PM

Wed: 5:00PM TO 7:00PM Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: BEHAVIOR HEALTH OF THE PALM BEACHES INC

Alternate Name: BHOPB OR COTTAGES OF THE PALM BEACHES

Address Line 1:

Address Line 2:

City/State/Zip: PALM BEACH COUNTY FL

Phone #1: (888) 432-2467 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.BHPALMBEACH.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: BERGEN REGIONAL MEDICAL CENTER

Alternate Name: BERGEN PINES OR EVERGREEN SUBSTANCE ABUSE TREATMENT PROGRAM

Address Line 1: 230 EAST RIDGEWOOD AVE

Address Line 2:

City/State/Zip: PARAMUS NJ 07652

Phone #1: (201) 967-4000

Ext:

24 Hr: ☐

Comments:

Phone #2: (201) 967-4194

Ext: OPTION 1

24 Hr: ☐

Comments:

Phone #3: (800) 730-2762

Ext:

24 Hr: ☐

Comments: FOR MENTAL HEALTH & SUBSTANCE ABUSE ASSESSMENTS

On Facebook: ☐

Website: WWW.BERGENREGIONAL.COM/EVERGREEN/

Other Info: AN ADDITIONAL CONTACT NUMBER FOR THEM IS (201) 967-4080.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input checked="" type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	

Payment Comments: CHARITY CARE REQUIREMENTS: ID , PROOF OF NJ RESIDENCY (E.G. DRIVER'S LICENSE, UTILITY BILL, SUPPORT LETTER OF SOMEONE YOU ARE LIVING WITH), INCOME INFO & ASSET INFORMATION. SUPPORT LETTER CAN BE DOWNLOADED FROM WEBSITE.

SJI Comments: STATE & COUNTY

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: BETHEL COMMANDMENT CHURCH OF THE LIVING GOD OF NEW JERSEY INC

Alternate Name:

Address Line 1: 402 S GEORGE ST

Address Line 2:

City/State/Zip: WHITESBORO NJ 08252

Phone #1: (609) 465-4574 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.BCCOFNJ.ORG/PAGE1.PHP

Other Info: SERVICES BY APPOINTMENT ONLY. CALL (609) 465-0356 AND LEAVE A MESSAGE. YOUR CALL WILL BE RETURNED WITH A DATE AND TIME TO PICK UP AN EMERGENCY FOOD BOX.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 9:00AM TO 11:00AM

Wed: Thurs: 5:00PM TO 7:00PM

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: BRANCHES (THE) - AN EPISCOPAL MINISTRY & OUTREACH CENTER

Alternate Name:

Address Line 1: VILLAGE SHOPPES

Address Line 2: N 2ND ST & VERMONT AVE

City/State/Zip: RIO GRANDE NJ 08242

Phone #1: (609) 886-5091 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: WWW.SAINTBARNABASVILLAS.ORG

Other Info: PROVIDES GUESTS WITH COMPANIONSHIP, COFFEE & SNACKS EVERY WED & SAT. HOT LUNCH IS SERVED IN COLDER MONTHS. OTHER EVENTS (WORSHIP, MOVIE NIGHTS, OPEN MIKE, ETC.) ARE ALSO OFFERED. CHECK WEBSITE FOR SPECIFIC INFO & CALENDAR OF EVENTS.

Other Info: ALL SERVICES PROVIDED ARE FREE.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: VARIES BY EVENT - CHECK WEBSITE

Tues: VARIES BY EVENT - CHECK WEBSITE

Wed: 10:00AM TO 12:00PM (WINTER HOURS ARE LONGER)

Thurs: VARIES BY EVENT - CHECK WEBSITE

Fri: VARIES BY EVENT - CHECK WEBSITE

Sat: 10:00AM TO 12:00PM (WINTER HOURS ARE LONGER)

Sun: VARIES BY EVENT - CHECK WEBSITE

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: BRIDGE FAMILY SERVICES

Alternate Name:

Address Line 1: 446 SEASHORE RD

Address Line 2:

City/State/Zip: CAPE MAY NJ 08204

Phone #1: (609) 889-8100 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: TO PROVIDE IN-HOME & CENTER-BASED COUNSELING & EDUCATION SERVICES TO CHILDREN & FAMILIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: BRIDGE WELLNESS CENTER

Alternate Name:

Address Line 1: 94 ROUTE 50

Address Line 2:

City/State/Zip: OCEANVIEW NJ 8230

Phone #1: (609) 840-6034 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: OFFERS COUNSELING, PSYCHO-EDUCATIONAL GROUPS, REIKI (THROUGH CAPE MAY AWAKENINGS), PARENTING SUPPORT & EDUCATION (THROUGH CARING FOR KIDS), WORKSHOPS/EDUCATIONAL CLASSES AND PROVIDES INFORMATION/REFERRAL SERVICES. CALL FOR AN APPOINTMENT.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: CAPE ASSIST

Alternate Name: CAPE MAY COUNTY HEALTHY COMMUNITY COALITION

Address Line 1: 3819 NEW JERSEY AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 522-5960 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEASSIST.ORG

Other Info: AN ORGANIZATION DEDICATED TO PREVENTING AND TREATING SUBSTANCE ABUSE AND RELATED ISSUES IN CAPE MAY COUNTY THROUGH EDUCATION, ADVOCACY, COMMUNITY COLLABORATION, AND COUNSELING.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 4:00PM

Tues: 9:00AM TO 4:00PM

Wed: 9:00AM TO 4:00PM

Thurs: 9:00AM TO 4:00PM

Fri: 9:00AM TO 4:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: CAPE COUNSELING SERVICES

Alternate Name:

Address Line 1: 128 CREST HAVEN RD

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-4100

Ext: 228

 24 Hr: ☐

Comments: TO SPEAK WITH ED OLWELL

Phone #2: (609) 465-4100

Ext: 134

 24 Hr: ☐

Comments: TO SCHEDULE AN APPOINTMENT

Phone #3: (609) 465-5999

Ext:

 24 Hr: ☒

Comments: CRISIS HOTLINE

 On Facebook: ☐

Website: WWW.CAPECOUNSELING.ORG

Other Info: OFFERS A WIDE RANGE OF TREATMENTS AND PSYCHOTHERAPEUTIC SERVICES TO A DIVERSE CONSUMER POPULATION.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 8:00PM

Tues: 9:00AM TO 8:00PM

Wed: 9:00AM TO 8:00PM

Thurs: 9:00AM TO 8:00PM

Fri: 9:00AM TO 3:00PM

Sat: NONE

Sun: NONE

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

 Adolescent Female (PIN) ☒

 Adult Female (PIN) ☒

 Adolescent Female (Loves PIN) ☒

 Adult Female (Loves PIN) ☒

 Adolescent Mail (PIN) ☒

 Adult Female with Child(ren) (PIN) ☒

 Adolescent Mail (Loves PIN) ☒

 Adult Mail (Loves PIN) ☒

 Adult Mail (PIN) ☒
Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

 Must be Detoxed ☐

 Must Test Positive ☐

 Spanish Only ☐
Disclaimer:

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Resources - Detailed Information (All)

Provider Name: CAPE HUMAN RESOURCES INC

Alternate Name:

Address Line 1: 100 EAST MAIN ST

Address Line 2:

City/State/Zip: WHITESBORO NJ 08252

Phone #1: (609) 465-4531 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEHUMANRESOURCES.ORG/INDEX.PHP

Other Info: PROVIDES WEATHERIZATION, HOME ENERGY ASSISTANCE PROGRAMS, EMERGENCY FOOD PANTRY, NJ SHARES PROGRAM & REFERRALS TO OTHER SOCIAL SERVICES IN THE COUNTY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY BOARD OF SOCIAL SERVICES

Alternate Name: HOMELESS HOTLINE

Address Line 1: 4005 ROUTE 9 S

Address Line 2:

City/State/Zip: RIO GRANDE NJ 08242

Phone #1: (609) 886-1325 Ext: 24 Hr: ☐ Comments: HOMELESS HOTLINE AFTER 4:00PM

Phone #2: (877) 886-1325 Ext: 24 Hr: ☐ Comments: HOMELESS HOTLINE AFTER 4:00PM

Phone #3: (609) 886-6200 Ext: 24 Hr: ☐ Comments: GENERAL #

On Facebook: ☒ Website: WWW.CMCBSS.COM

Other Info: ADMINISTERS TANF, FOOD STAMPS, EMERGENCY ASSISTANCE, MEDICAID PROGRAMS & ADULT PROTECTIVE SERVICES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY CORRECTIONAL CENTER

Alternate Name:

Address Line 1: 125 CREST HAVEN RD

Address Line 2: CREST HAVEN COMPLEX

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1233

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 465-6890

Ext: OPTION 2

24 Hr: ☐

Comments: INMATE SERVICES SOCIAL WORKER #

Phone #3: (609) 465-1240

Ext:

24 Hr: ☐

Comments: OPTION 2 FOR INMATE INFO, OPTION 3 FOR PRE-PAID PHONE SERVICES

On Facebook: ☐

Website: WWW.CMC.SHERIFF.NET/VISITING.HTM

Other Info: FACE TO FACE VISITING IS NO LONGER CONDUCTED AT THE CAPE MAY COUNTY CORRECTIONAL CENTER. VISITATION IS DONE BY VIDEO TERMINALS AT THE CORRECTIONAL CENTER. SEE CMC WEBSITE FOR SPECIFIC DETAILS.

Other Info: OBTAIN "INMATE ID #" FROM THE CMC WEBSITE. IN THE LEFT MENU OF CMC WEBSITE, SELECT "CURRENT INMATE INFORMATION", SCROLL DOWN & SELECT GREEN "CURRENT INMATE INFORMATION" BUTTON. INMATE INFORMATION (INCLUDING CHARGES & BAIL INFO) IS LISTED ALPHABETICALLY.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Tues: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Wed: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Thurs: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Fri: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Sat: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Sun: 8:00AM TO 9:00PM BUT NOT BETWEEN 6:00PM TO 7:00PM

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input checked="" type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) ☒

Adult Female (PIN) ☒

Adolescent Female (Loves PIN) ☒

Adult Female (Loves PIN) ☒

Adolescent Mail (PIN) ☒

Adult Female with Child(ren) (PIN) ☐

Adolescent Mail (Loves PIN) ☒

Adult Mail (Loves PIN) ☒

Adult Mail (PIN) ☒

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY CORRECTIONAL CENTER (INMATE SOCIAL WORKER)

Alternate Name:

Address Line 1: 125 CREST HAVEN RD

Address Line 2: CREST HAVEN COMPLEX

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-6890

Ext: OPTION 2

24 Hr: ☐

Comments: INMATE SERVICES SOCIAL WORKER #

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.CMCSHERIFF.NET/VISITING.HTM

Other Info: LEAVE A VOICEMAIL MESSAGE WITH THE INMATE ID #, INMATE NAME & YOUR BRIEF MESSAGE/CONCERN. THE SOCIAL WORKER WILL PROBABLY NOT RETURN YOUR CALL DUE TO PRIVACY ISSUES & SCHEDULING BUT THEY WILL GENERALLY PROVIDE YOUR INFO TO THE INMATE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input checked="" type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY CORRECTIONAL CENTER (PRE-PAID PHONE SERVICES)

Alternate Name: SECURUS TECHNOLOGIES INC

Address Line 1: 125 CREST HAVEN RD

Address Line 2: CREST HAVEN COMPLEX

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1233

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 465-6890

Ext: OPTION 2

24 Hr: ☐

Comments: INMATE SERVICES SOCIAL WORKER #

Phone #3: (609) 465-1240

Ext:

24 Hr: ☐

Comments: OPTION 2 FOR INMATE INFO, OPTION 3 FOR PRE-PAID PHONE SERVICES

On Facebook: ☐

Website: WWW.CMCSHERIFF.NET/VISITING.HTM

Other Info: PRE-PAID ACCOUNTS ARE KEPT ON FILE FOR 180 DAYS. TO SET 1 UP, CALL (609) 465-1240 (OPTION #3 FOR PRE-PAID SERVICES) OR SET IT UP ONLINE AT WWW.SECURUSTECH.NET/FRIENDS. IT TAKES APPROX 15 MINUTES TO CREATE AN ACCOUNT & YOU CAN ADD ANY AMOUNT.

Other Info: AS OF 5/14 THE TRANSACTION FEE TO SET UP THIS SERVICE WAS \$6.95; ADDED TO WHATEVER AMOUNT YOU PRE-PAY. IF YOU NEED A REFUND, CALL 1-800-844-6591 OR VISIT WWW.CORRECTIONALBILLINGSERVICES.COM

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input checked="" type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY DEPARTMENT OF HEALTH

Alternate Name:

Address Line 1: 4 MOORE RD

Address Line 2: DN 601

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1187 Ext: 24 Hr: ☐ Comments: GENERAL NUMBER

Phone #2: (609) 465-1190 Ext: 24 Hr: ☐ Comments: AFTER HOURS NUMBER

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEMAYCOUNTYGOV.NET/

Other Info: OFFERS CLINIC SERVICES & PUBLIC HEALTH SERVICES FOR CAPE MAY COUNTY RESIDENTS. MOST SERVICES ARE FREE OR LOW COST.

Other Info: THEIR WEBSITE ALSO PROVIDES INFORMATION ABOUT ALOT OF OTHER RESOURCES AND SERVICES AVAILABLE IN CAPE MAY COUNTY.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 4:30PM

Tues: 8:30AM TO 4:30PM

Wed: 8:30AM TO 4:30PM

Thurs: 8:30AM TO 4:30PM

Fri: 8:30AM TO 4:30PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilation <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY DEPARTMENT OF HEALTH - CHILD HEALTH CLINIC

Alternate Name:

Address Line 1: 4 MOORE RD

Address Line 2: DN 601

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-6835 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CMCHEALTH.NET

Other Info: PROVIDES WELL CHILD EXAMINATIONS, SCREENINGS FOR LEAD EXPOSURE, ANEMIA TESTING, AND IMMUNIZATIONS TO CHILDREN 0-18 YEARS OLD.

Other Info: MEDICARE EXAMINATIONS ARE AVAILABLE TO ALL CHILDREN. IMMUNIZATIONS ARE AVAILABLE TO CHILDREN WHO ARE UNINSURED OR WHO HAVE MEDICAID.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: HOURS BY APPOINTMENT ONLY

Tues: HOURS BY APPOINTMENT ONLY

Wed: HOURS BY APPOINTMENT ONLY

Thurs: HOURS BY APPOINTMENT ONLY

Fri: HOURS BY APPOINTMENT ONLY

Sat: HOURS BY APPOINTMENT ONLY

Sun: HOURS BY APPOINTMENT ONLY

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments GENERAL COST IS \$10. THERE IS A SLIDING FEE SCALE FOR PERSONS WITH PROOF OF INCOME.

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY DEPARTMENT OF HEALTH - WOMEN, INFANTS, CHILDREN OFFICE

Alternate Name: WIC

Address Line 1: 4 MOORE RD

Address Line 2: DN 601

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1224 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.WICPROGRAMS.ORG/CO/NJ

Other Info: PROVIDES FOOD FOR PREGNANT OR POSTPARTUM WOMEN WITH CHILDREN AGES 5 AND UNDER.

Other Info: ELIGIBILITY IS BASED ON INCOME.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:00AM TO 4:00PM

Tues: 8:00AM TO 4:00PM

Wed: 8:00AM TO 4:00PM

Thurs: 8:00AM TO 4:00PM

Fri: 8:00AM TO 4:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY DRUG COURT

Alternate Name:

Address Line 1: 9 N MAIN ST

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 909-8113

Ext:

24 Hr: ☐

Comments: COORDINATOR'S #

Phone #2: (609) 463-6635

Ext:

24 Hr: ☐

Comments: JUDGE'S #

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JUDICIARY.STATE.NJ.US/DRUGCOURT/INDEX.HTM

Other Info: THE PORTION OF THE CRIMINAL JUSTICE ENVIRONMENT THAT HELPS BUILD A CLOSE COLLABORATIVE RELATIONSHIP BETWEEN CRIMINAL JUSTICE AND DRUG TREATMENT PROFESSIONALS.

Other Info: VISIT WEBSITE FOR ELIGIBILITY/REQUIREMENTS & DRUG COURT INFORMATION FOR ALL NJ COUNTIES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY FARE FREE TRANSPORTATION

Alternate Name: FARE FREE TRANSPORTATION

Address Line 1: 4 MOORE RD

Address Line 2: DN 626

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 889-3700 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEMAYCOUNTYGOV.NET

Other Info: PROVIDES DEMAND-RESPONSE, SUBSCRIPTION AND MODIFIED-FIXED ROUTE BUS SERVICE TO SENIOR CITIZENS, PERSONS WITH DISABILITIES, VETERANS, INDIVIDUALS OF LOW-INCOME AND GENERAL PUBLIC ON A FIRST COME-FIRST SERVED BASIS.

Other Info: CALL THEM OR VISIT THEIR WEBSITE TO OBTAIN THE ACTUAL BUS ROUTES, TO SCHEDULE A PICKUP/DROP OFF, OR TO OBTAIN A FARE FREE ID CARD (RIDERSHIP ID #). THE HOURS LISTED ARE THE OFFICE HOURS, NOT THE BUS ROUTE HOURS.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 4:30PM

Tues: 8:30AM TO 4:30PM

Wed: 8:30AM TO 4:30PM

Thurs: 8:30AM TO 4:30PM

Fri: 8:30AM TO 4:30PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY MOBILE MEALS PROGRAM (MEALS ON WHEELS)

Alternate Name: CAPE MAY COUNTY DEPARTMENT OF AGING

Address Line 1: 4005 ROUTE 9 S

Address Line 2:

City/State/Zip: RIO GRANDE nj 8242

Phone #1: (609) 886-2784 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CO.CAPE-MAY.NJ.US/

Other Info: PROVIDES MEALS FOR HOMEBOUND CAPE MAY COUNTY RESIDENTS AGE 60 & OLDER WHO ARE UNABLE TO SHOP OR PREPARE MEALS & ARE PHYSICALLY OR MENTALLY, PERMANENTLY OR TEMPORARILY IMPAIRED AND/OR CHRONICALLY ILL & LIVING ALONE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CAPE MAY COUNTY PRESCRIPTION CARD PROGRAM

Alternate Name:

Address Line 1: 6 MOORE RD

Address Line 2: DN 601

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (877) 321-6755 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 465-1200 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEMAYCOUNTYGOV.NET

Other Info: A FREE RX CARD THAT SAVES PEOPLE MONEY (UP TO 75%) ON PRESCRIPTION MEDICATIONS. IT IS AVAILABLE TO ALL CAPE MAY COUNTY RESIDENTS, REGARDLESS OF INCOME, AGE, OR INSURANCE STATUS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: CAPE REGIONAL MEDICAL CENTER

Alternate Name:

Address Line 1: 2 STONE HARBOR BLVD

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 463-4043

Ext:

24 Hr: ☐

Comments: LIFESTYLE MANAGEMENT DEPARTMENT

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.CAPEREGIONAL.COM

Other Info: OFFERS A BROAD VARIETY OF SUPPORT GROUPS INCLUDING AA, ALANON & GRIEF SUPPORT, HEALTH EDUCATION CLASSES, WELNESS PROGRAMS & INFORMATION ON HEALTHCARE SERVICES IN CAPE MAY COUNTY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CARRIER CLINIC

Alternate Name: BLAKE RECOVERY CENTER

Address Line 1: 252 ROUTE 601

Address Line 2:

City/State/Zip: BELLE MEAD NJ 08502

Phone #1: (800) 933-3579 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CARRIERCLINIC.ORG

Other Info: SPECIALIZES IN PSYCHIATRIC AND SUBSTANCE ABUSE ADDICTION TREATMENT & PROVIDES A COMPLETE ARRAY OF EXPERT CARE & EDUCATION FOR ADOLESCENTS, ADULTS & OLDER ADULTS ON THE INPATIENT & RESIDENTIAL LEVELS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments: MEDICARE/MEDICAID ACCEPTED FOR THOSE UNDER 18 YEARS OLD & ABOVE 65 YEARS OLD.				
SJI Comments:				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: CATHOLIC SOCIAL SERVICES (ATLANTIC COUNTY)

Alternate Name: CATHOLIC CHARITIES

Address Line 1: 9 N GEORGIA AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 345-3448 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CATHOLICCHARITIESCAMDEN.ORG

Other Info: PROVIDES EMERGENCY ASSISTANCE INCLUDING FOOD, HOUSING & UTILITIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CATHOLIC SOCIAL SERVICES (CAPE MAY COUNTY)

Alternate Name: CATHOLIC CHARITIES

Address Line 1: 1304 ROUTE 47 S

Address Line 2: VILLAGE SHOPPES

City/State/Zip: RIO GRANDE NJ 08242

Phone #1: (609) 886-2662 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CATHOLICCHARITIESCAMDEN.ORG

Other Info: PROVIDES EMERGENCY ASSISTANCE INCLUDING FOOD, HOUSING & UTILITIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CATHOLIC SOCIAL SERVICES (CUMBERLAND COUNTY)

Alternate Name: CATHOLIC CHARITIES

Address Line 1: 810 MONTROSE ST

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 691-1841 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CATHOLICCHARITIESCAMDEN.ORG

Other Info: PROVIDES EMERGENCY ASSISTANCE INCLUDING FOOD, HOUSING & UTILITIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CEDAR HOUSE

Alternate Name:

Address Line 1: 520 N BRIDGE ST

Address Line 2:

City/State/Zip: BRIDGEWATER NJ 08807

Phone #1: (908) 218-1975 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: 12 BEDS ALCOHOL/DRUG, AGE 13 -20, HALF-WAY HOUSE FOR ADOLESCENTS AND THEIR FAMILIES.

Other Info: RESIDENTIAL TREATMENT; AFTERCARE, SELF-HELP, SUPPORT GROUPS; INDIVIDUAL, FAMILY AND GROUP COUNSELING; VOCATIONAL TRAINING.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: CHOICES INC

Alternate Name:

Address Line 1: 169 ROSEVILLE AVE

Address Line 2:

City/State/Zip: NEWARK NJ 07104

Phone #1: (973) 481-1889 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: ALCOHOL/DRUG, FREE TO THOSE IN NEED.

Other Info: A 6 MONTH TO 1 YEAR RESIDENTIAL DRUG & ALCOHOL TREATMENT PROGRAM FOR WOMEN OVER THE AGE OF 21 & WOMEN WITH SMALL CHILDREN.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: CHRIST GOSPEL CHURCH

Alternate Name:

Address Line 1: 2209 ROUTE 9

Address Line 2:

City/State/Zip: WHITESBORO NJ 08252

Phone #1: (609) 390-0664 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 465-7729 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CGLOVECENTER.ORG/CHURCH-HISTORY.HTML

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CHRIST HOSPITAL

Alternate Name:

Address Line 1: 179 PALISADE AVE

Address Line 2:

City/State/Zip: JERSEY CITY NJ 07306

Phone #1: (201) 795-8375 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input checked="" type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments \$800.00 PER DAY

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CHRISTIAN ALCOHOL AND DRUG REHAB

Alternate Name:

Address Line 1: 1370 S MAIN RD SUITE 41

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 298-1359 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.VINELAND.CHRISTIAN-DRUGREHABPROGRAM.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CHRISTIAN ALCOHOL AND DRUG REHAB

Alternate Name:

Address Line 1: 199 NEW RD SUITE 61-233

Address Line 2:

City/State/Zip: LINWOOD NJ 08221

Phone #1: (609) 681-2660 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LINWOOD.CHRISTIANALCOHOL-DRUGREHAB.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CLEARBROOK LODGE

Alternate Name:

Address Line 1: 890 BETHEL HILL RD

Address Line 2:

City/State/Zip: SHICKSHINNY PA 18655

Phone #1: (800) 582-6241 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CLEARBROOKINC.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COALITION AGAINST RAPE & ABUSE INC

Alternate Name: CARA

Address Line 1:

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (877) 294-2272

Ext:

24 Hr: ☒

Comments: TOL FREE

Phone #2: (609) 522-6489

Ext:

24 Hr: ☐

Comments: ADMINISTRATION

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.CARA-CMC.ORG

Other Info: PROVIDES 24-HOUR CRISIS RESPONSE, SHELTERING, EMERGENCY ASSISTANCE FOR BASIC NECESSITIES, COUNSELING, ADVOCACY INFO & REFERRAL, COMMUNITY EDUCATION & SUPPORT GROUPS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY INC

Alternate Name: CSPNJ (WELLNESS RESPITE)

Address Line 1: 1147 N NEW RD

Address Line 2:

City/State/Zip: ABSECON NJ 08201

Phone #1: (732) 780-1175 Ext: 24 Hr: ☐ Comments: GENERAL #

Phone #2: (609) 383-1190 Ext: 24 Hr: ☐ Comments: LOCAL #

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CSPNJ.ORG

Other Info: ASSISTS PEOPLE IN EMOTIONAL DISTRESS WITH FOSTERING RECOVERY/WELLNESS IN ORDER TO PURSUE VALUED LIFE ROLES/PERSONAL GOALS. MULTIPLE LOCATIONS IN NJ (CLIFTON, EATONTOWN, ABSECON, SALEM, BARRINGTON C

Other Info: 10 DAYS MAXIMUM OF INPATIENT RECOVERY TREATMENT. WELLNESS RESPITE (RECOVERY) PROGRAM IS ONLY FOR RESIDENTS OF PASSAIC & MIDDLESEX COUNTIES. THEIR OTHER SERVICES DO NOT HAVE RESIDENCY REQUIREMENTS.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COMMUNITY FOOD BANK OF NEW JERSEY

Alternate Name:

Address Line 1: 6725 BLACK HORSE PIKE

Address Line 2:

City/State/Zip: EGG HARBOR TOWNSHIP NJ 08234

Phone #1: (609) 383-8834

Ext: 120

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NJFOODBANK.ORG

Other Info: TEMPORARY FOOD ASSISTANCE(3 -5 DAY SUPPLY OF GROCERIES TO TAKE HOME AND PREPARE)

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 10:00AM TO 2:00PM

Tues: 10:00AM TO 2:00PM

Wed: 10:00AM TO 2:00PM

Thurs: 10:00AM TO 2:00PM

Fri: 10:00AM TO 4:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) ☒

Adult Female (PIN) ☒

Adolescent Female (Loves PIN) ☒

Adult Female (Loves PIN) ☒

Adolescent Mail (PIN) ☒

Adult Female with Child(ren) (PIN) ☒

Adolescent Mail (Loves PIN) ☒

Adult Mail (Loves PIN) ☒

Adult Mail (PIN) ☒

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COMMUNITY FOOD BANK OF NEW JERSEY (MOBILE PANTRY AT ST MARY'S THIS N THAT)

Alternate Name:

Address Line 1: 1304 RT 47 (VILLAGE SHOPPES)

Address Line 2:

City/State/Zip: RIO GRANDE NJ 08242

Phone #1: (609) 383-8834 Ext: 120 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CFBNJ.ORG/HOPE/FEEDING-PROGRAMS/MOBILE-PANTRY/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: 2ND FRI OF EACH MONTH FROM 10:00AM TO 12:00PM Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COMMUNITY FOOD BANK OF NEW JERSEY (MOBILE PANTRY AT WILDWOOD COMMUNITY CENTER AT MAXWELL FIELD)

Alternate Name:

Address Line 1: 401 W YOUNGS AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 8260

Phone #1: (609) 383-8834

Ext: 120

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.CFBNJ.ORG/HOPE/FEEDING-PROGRAMS/MOBILE-PANTRY/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri: 4TH FRI OF EACH MONTH FROM 10:00AM TO 12:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COMMUNITY FOOD CUPBOARD

Alternate Name: ST PETER'S UNITED MEHODIST CHURCH

Address Line 1: 501 E 8H ST

Address Line 2:

City/State/Zip: OCEAN CITY NJ

Phone #1: (609) 399-2988 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 398-3191 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.OCECNJ.ORG/

Other Info: REFERRAL NEEDED. THE ENTRANCE IS LOCATED IN THE ALLEY BETWEEN WESLEY AVENUE AND CENTRAL AVENUE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 1:00PM TO 3:00PM (CLOSED HOLIDAYS)

Tues: 1:00PM TO 3:00PM (CLOSED HOLIDAYS)

Wed: 1:00PM TO 3:00PM (CLOSED HOLIDAYS)

Thurs: 1:00PM TO 3:00PM (CLOSED HOLIDAYS)

Fri: 1:00PM TO 3:00PM (CLOSED HOLIDAYS)

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COMPLETECARE MEDICAL & DENTAL PROFESSIONALS (CAPE MAY COUNTY)

Alternate Name: CAPE COMMUNITY HEALTHCARE CENTER

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (609) 465-0258

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.COMPLETECARENJ.ORG

Other Info: PROVIDES AFFORDABLE, QUALITY HEALTH SERVICES & WORKS TO PREVENT ILLNESS/INJURY AMONG THOSE MOST AT RISK BY EXTENDING HEALTH PROMOTION & TREATMENT TO SCHOOLS, NEIGHBORHOODS & WORK PLACES IN THE COMMUNITIES THEY SERVE.

Other Info: 3 LOCATIONS IN CAPE MAY COUNTY (CAPE MAY COURT HOUSE, RIO GRANDE & WILDWOOD). CALL OR VISIT WEBSITE FOR SPECIFIC INFORMATION ABOUT EACH LOCATION.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: VARIES BY LOCATION (CALL)

Tues: VARIES BY LOCATION (CALL)

Wed: VARIES BY LOCATION (CALL)

Thurs: VARIES BY LOCATION (CALL)

Fri: VARIES BY LOCATION (CALL)

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: COMPLETECARE MEDICAL & DENTAL PROFESSIONALS (CUMBERLAND COUNTY)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 451-4700

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website: WWW.COMPLETECARENJ.ORG

Other Info: PROVIDES AFFORDABLE, QUALITY HEALTH SERVICES & WORKS TO PREVENT ILLNESS/INJURY AMONG THOSE MOST AT RISK BY EXTENDING HEALTH PROMOTION & TREATMENT TO SCHOOLS, NEIGHBORHOODS & WORK PLACES IN THE COMMUNITIES THEY SERVE.

Other Info: MULTIPLE LOCATIONS IN CUMBERLAND COUNTY. CALL OR VISIT WEBSITE FOR SPECIFIC INFORMATION ABOUT EACH LOCATION.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: VARIES BY LOCATION (CALL)

Tues: VARIES BY LOCATION (CALL)

Wed: VARIES BY LOCATION (CALL)

Thurs: VARIES BY LOCATION (CALL)

Fri: VARIES BY LOCATION (CALL)

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: COMPLETECARE MEDICAL & DENTAL PROFESSIONALS (GLOUCESTER COUNTY)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 863-5720

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website: WWW.COMPLETECARENJ.ORG

Other Info: PROVIDES AFFORDABLE, QUALITY HEALTH SERVICES & WORKS TO PREVENT ILLNESS/INJURY AMONG THOSE MOST AT RISK BY EXTENDING HEALTH PROMOTION & TREATMENT TO SCHOOLS, NEIGHBORHOODS & WORK PLACES IN THE COMMUNITIES THEY SERVE.

Other Info: MULTIPLE LOCATIONS IN GLOUCESTER COUNTY. CALL OR VISIT WEBSITE FOR SPECIFIC INFORMATION ABOUT EACH LOCATION.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: VARIES BY LOCATION (CALL)

Tues: VARIES BY LOCATION (CALL)

Wed: VARIES BY LOCATION (CALL)

Thurs: VARIES BY LOCATION (CALL)

Fri: VARIES BY LOCATION (CALL)

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: CONSUMERS HELPING CONSUMERS LIVE BETTER LIVES

Alternate Name: MORRIS SELF HELP CENTER

Address Line 1: 1259 ROUTE 46 E

Address Line 2: BUILDING 4 (DOOR 4D)

City/State/Zip: PARSIPPANY NJ 07054

Phone #1: (973) 334-2470 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CSPNJ.ORG

Other Info: PROVIDES A SAFE, COMFORTABLE ENVIRONMENT WHERE CONSUMERS FIND THEIR CHOICE OF ENJOYABLE LEISURE, ACTIVITIES & SOCIALIZING - WHICH ARE IMPORTANT TO RECOVERY.

Other Info: THIS IS PART OF THE COLLABORATIVE SUPPORT PROGRAMS OF NJ (CSPNJ).

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COOPERATIVE PROGRAM FOR ADDICTED WOMEN

Alternate Name: YWCA

Address Line 1: 1131 E JERSEY ST

Address Line 2:

City/State/Zip: ELIZABETH NJ 07201

Phone #1: (908) 355-1500 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: ADULT WOMEN WITH OR WITHOUT CHILDREN DEALING WITH DRUG/ALCOHOL ABUSE. MUST BE PREGNANT, POSTPARTUM/POST ABORTION, AND INDIGENT.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: COTTAGES OF THE PALM BEACHES

Alternate Name: BEHAVIOR HEALTH OF THE PALM BEACHES INC (BHOPB)

Address Line 1:

Address Line 2:

City/State/Zip: PALM BEACH COUNTY FL

Phone #1: (866) 559-2228 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.AFFORDABLEADDICTIONTREATMENT.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CRAWFORD HOUSE

Alternate Name:

Address Line 1: 362 SUNSET RD

Address Line 2:

City/State/Zip: SKILLMAN NJ 08558

Phone #1: (908) 874-5153 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CRAWFORDHOUSE.ORG

Other Info: 6 MONTH RESIDENTIAL TREATMENT FACILITY FOR HOMELESS WOMEN RECOVERING FROM DRUG AND/OR ALCOHOL DEPENDENCY (22 BEDS). MUST BE FREE OF SUBSTANCE USE FOR A MINIMUM OF 14 DAYS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	

Payment Comments ONLY AVAILABLE FOR THOSE WHO QUALIFY FOR PUBLIC ASSISTANCE AND THEY MUST PROVIDE ID.

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: CROSS ROADS CHRISTIAN LIFE COACHING & BIBLICAL COUNSELING

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NJ 08204

Phone #1: (609) 972-9236

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.CROSSROADSCHRISTIANLIFECOACHING.COM/INDEX.HTML

Other Info: PROVIDES LIFE COACHING SERVICES AND BIBLICAL COUNSELING.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CUMBERLAND ALCOHOL & DRUG ABUSE SERVICES

Alternate Name:

Address Line 1: 629 E WOOD ST

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 691-2767 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CUMBERLAND COUNTY DRUG COURT

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 453-4397

Ext:

24 Hr: ☐

Comments: JUDGE'S #

Phone #2: (856) 686-7583

Ext:

24 Hr: ☐

Comments: COORDINATOR'S #

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JUDICIARY.STATE.NJ.US/DRUGCOURT/INDEX.HTM

Other Info: THE PORTION OF THE CRIMINAL JUSTICE ENVIRONMENT THAT HELPS BUILD A CLOSE COLLABORATIVE RELATIONSHIP BETWEEN CRIMINAL JUSTICE AND DRUG TREATMENT PROFESSIONALS.

Other Info: VISIT WEBSITE FOR ELIGIBILITY/REQUIREMENTS & DRUG COURT INFORMATION FOR ALL NJ COUNTIES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: CURA INC

Alternate Name:

Address Line 1: ADMISSIONS OFFICE

Address Line 2: 35 LINCOLN PARK

City/State/Zip: NEWARK NJ 07102

Phone #1: (973) 645-4396 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CURAINC.ORG/WORDPRESS1/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☒

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Resources - Detailed Information (All)

Provider Name: DAMON HOUSE

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NEW BRUNSWICK NJ 08903

Phone #1: (732) 828-3988 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: DELANCEY STREET NEW YORK

Alternate Name:

Address Line 1: 100 TURK HILL RD

Address Line 2:

City/State/Zip: BREWSTER NY 10509

Phone #1: (845) 278-6181 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.DELANCEYSTREETFOUNDATION.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES

Alternate Name: OFFICE OF ADDICTION SERVICES

Address Line 1: 1101 MARKET ST

Address Line 2:

City/State/Zip: PHILADELPHIA PA 19107

Phone #1: (215) 685-5403 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.DBHIDS.ORG/OFFICE-OF-ADDICTION-SERVICES/

Other Info: ALSO REFERRED TO AS "PHILADELPHIA CHARITY CARE FUNDING FOR SUBSTANCE ABUSE".

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: DETOX HELP GROUP

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (885) 220-2309

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.DETOXHELP.COM

Other Info: THEIR WEBSITE DOES NOT PROVIDE SPECIFIC INFORMATION ON THE LOCATION OF THEIR REHAB/DETOX CENTERS. ALTHOUGH THE WEBSITE CLAIMS TO HAVE CENTERS IN ALL 50 STATES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS INC

Alternate Name:

Address Line 1: 80 CONOVER RD

Address Line 2:

City/State/Zip: MARLBORO NJ 07746

Phone #1: (800) 714-2175 Ext: 24 Hr: ☐ Comments:

Phone #2: (732) 946-9444 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.DISCOVERYNJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: DOMESTIC ABUSE AND SEXUAL ASSAULT CRISIS CENTER OF WARREN COUNTY

Alternate Name:

Address Line 1: PO BOX 88

Address Line 2:

City/State/Zip: WASHINGTON NJ 07882

Phone #1: (908) 453-4181

Ext:

24 Hr: ☒

Comments: HOTLINE

Phone #2: (908) 453-4121

Ext: 311

24 Hr: ☐

Comments: JILL'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.BESAFEWC.ORG/

Other Info: SERVICES FOR WOMEN (PREGNANT OR WITH DEPENDENT CHILDREN) AND DOMESTIC VIOLENCE VICTIMS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: DRUG DETOX HELPLINE

Alternate Name:

Address Line 1: 12 ROUTE 50 SUITE 113

Address Line 2:

City/State/Zip: SEAVILLE NJ 08230

Phone #1: (609) 207-7486 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SEAVILLE.DRUGDETOXHELPLINE.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: DRUG ENFORCEMENT ADMINISTRATION

Alternate Name: DEA

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (202) 307-7936

Ext:

24 Hr: ☐

Comments: FOR DRUG PREVENTION QUESTIONS

Phone #2: (973) 776-1100

Ext:

24 Hr: ☐

Comments: TO CONTACT THE NJ FIELD OFFICE

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JUSTICE.GOV/DEA/DRUGINFO/FACTSHEETS.SHTML

Other Info: THE GOVERNMENT AGENCY THAT PROVIDES "DRUG FACT SHEETS, WHICH CONTAIN THE LATEST INFORMATION ON ILLEGAL AND LEGAL DRUGS. THESE "DRUG FACT SHEETS" TEACH PEOPLE ABOUT THE EFFECTS THE DRUGS HAVE ON THEIR BODY AND BRAIN.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: DUDLEY HOUSE

Alternate Name: SUNRISE HOUSE FOUNDATION

Address Line 1: 930 PUTNAM AVE

Address Line 2:

City/State/Zip: PLAINFIELD NJ 07060

Phone #1: (908) 753-3395

Ext:

24 Hr: ☐

Comments:

Phone #2: (908) 755-0649

Ext:

24 Hr: ☐

Comments: ADMISSIONS

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.SUNRISEHOUSE.COM

Other Info: EXTENDED THERAPEUTIC RESIDENTIAL CARE IS OFFERED TO MEN WHO HAVE COMPLETED AN ALCOHOLISM/DRUG TREATMENT PROGRAM (15 BEDS).

Other Info: OPERATED UNDER THE SPONSORSHIP OF THE CITY OF PLAINFIELD SINCE 1972.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input checked="" type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: EAGLEVILLE

Alternate Name:

Address Line 1: 100 EAGLEVILLE RD

Address Line 2:

City/State/Zip: EAGLEVILLE PA 19403

Phone #1: (610) 539-6000 Ext: 24 Hr: ☐ Comments:

Phone #2: (800) 255-2019 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.EAGLEVILLEHOSPITAL.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: EMPLOYEE CARE

Alternate Name: RPK ASSOC

Address Line 1: 1 FAIRWAY DR

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-2233 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ENDEAVOR HOUSE (NEW LIFE CENTER)

Alternate Name:

Address Line 1: 25 E FRONT ST

Address Line 2:

City/State/Zip: KEYPORT NJ 07735

Phone #1: (800) 570-2626

Ext:

24 Hr: ☐

Comments:

Phone #2: (908) 264-3824

Ext:

24 Hr: ☐

Comments: MICHAEL'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.ENDEAVORHOUSE.COM/INDEX.HTML

Other Info: 16 BEDS & 10 INTENSIVE DAY BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 8:00PM

Tues: 9:00AM TO 8:00PM

Wed: 9:00AM TO 8:00PM

Thurs: 9:00AM TO 8:00PM

Fri: 9:00AM TO 8:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) ☐

Adult Female (PIN) ☒

Adolescent Female (Loves PIN) ☐

Adult Female (Loves PIN) ☐

Adolescent Mail (PIN) ☐

Adult Female with Child(ren) (PIN) ☐

Adolescent Mail (Loves PIN) ☐

Adult Mail (Loves PIN) ☐

Adult Mail (PIN) ☒

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ENDEAVOR HOUSE (NORTH)

Alternate Name:

Address Line 1: 206 BERGEN AVE

Address Line 2:

City/State/Zip: KEARNY NJ 07732

Phone #1: (800) 570-2626 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ENDEAVORHOUSE.COM/INDEX.HTML

Other Info: 39 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 8:00PM

Tues: 9:00AM TO 8:00PM

Wed: 9:00AM TO 8:00PM

Thurs: 9:00AM TO 8:00PM

Fri: 9:00AM TO 8:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: EIPHANY HOUSE (ASBURY PARK)

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: 1110 GRAND AVE

Address Line 2:

City/State/Zip: ASBURY PARK NJ 07712

Phone #1: (732) 775-0720 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NEWHOPEFOUNDATION.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: EPIPHANY HOUSE (LONG BRANCH)

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: 373 BRIGHTON AVE

Address Line 2:

City/State/Zip: LONG BRANCH NJ 07740

 Phone #1: (732) 870-9113 Ext: 24 Hr: ☐ Comments:

 Phone #2: Ext: 24 Hr: ☐ Comments:

 Phone #3: Ext: 24 Hr: ☐ Comments:

 On Facebook: ☐ Website: WWW.EPIPHANYHOUSE.ORG/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: EVA'S HALFWAY HOUSE

Alternate Name:

Address Line 1: 96 HAMILTON ST

Address Line 2:

City/State/Zip: PATERSON NJ 07575

Phone #1: (201) 742-0639 Ext: 24 Hr: ☐ Comments: RENEE SACERDOTE'S NUMBER (DIRECTOR OF THE MEN'S HALFWAY HOUSE)

Phone #2: (201) 279-1005 Ext: 24 Hr: ☐ Comments: PEGGY LAFONTAINE'S NUMBER (DIRECTOR OF THE WOMEN'S HALFWAY HOUSE)

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: (39 BEDS FOR MEN) (10 BEDS FOR WOMEN)

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: EVA'S VILLAGE

Alternate Name:

Address Line 1: 393 MAIN ST

Address Line 2:

City/State/Zip: PATERSON NJ 07501

Phone #1: (973) 523-6220 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: WWW.EVASVILLAGE.ORG/

Other Info: A UNIQUELY COMPREHENSIVE ANTI-POVERTY ORGANIZATION PROVIDING AN ARRAY OF SERVICES TO HELP PEOPLE OBTAIN FOOD, SHELTER, MEDICAL CARE, RECOVERY PROGRAMS & LIFE SKILLS.

Other Info: THERE ARE 103 BEDS AVAILABLE FOR MEN, 36 BEDS AVAILABLE FOR WOMEN, AND 24 BEDS AVAILABLE FOR WOMEN WITH CHILDREN

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAITH FARM INC

Alternate Name:

Address Line 1: 21 STRETCH RD

Address Line 2:

City/State/Zip: BRIDGETON NJ 08302

Phone #1: (856) 455-6145 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: THEY ARE ON FACEBOOK UNDER "FAITH FARM ADDICTION RECOVERY CENTER". SERVICES (CHRISTIAN-BASED) PROVIDED FOR MALES 18 YEARS OF AGE OR OLDER.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 4:30PM

Tues: 8:30AM TO 4:30PM

Wed: 8:30AM TO 4:30PM

Thurs: 8:30AM TO 4:30PM

Fri: 8:30AM TO 4:30PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: FAMILIES ANONYMOUS

Alternate Name: FA

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 736-9805

Ext:

 24 Hr: ☐

Comments:

Phone #2:

Ext:

 24 Hr: ☐

Comments:

Phone #3:

Ext:

 24 Hr: ☐

Comments:

 On Facebook: ☐

Website: HTTP://WWW.FAMILIESANONYMOUS.ORG

Other Info: A FELLOWSHIP OF PEOPLE WHOSE LIVES HAVE BEEN AFFECTED BY THE USE OF MIND-ALTERING SUBSTANCES OR RELATED BEHAVIORAL PROBLEMS OF A RELATIVE OR FRIEND. THEY PROVIDE "IN PERSON" SUPPORT GROUPS THROUGHOUT THE USA AS WELL AS ONLINE MEETINGS.

Other Info: CONTACT THEM VIA TELEPHONE OR USING THEIR WEBSITE TO OBTAIN SPECIFIC MEETING INFORMATION.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

 Must be Detoxed ☐

 Must Test Positive ☐

 Spanish Only ☐
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Resources - Detailed Information (All)

Provider Name: FAMILIES MATTER LLC

Alternate Name: FAMILIES MATTER BEHAVIORAL HEALTH SERVICES

Address Line 1: 899 BAYSHORE RD

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 886-8666 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDES IN-HOME AND OUTPATIENT BEHAVIORAL HEALTH SERVICES TO CHILDREN & FAMILIES WITHIN SOUTHERN NJ INCLUDING INDIVIDUAL, COUPLES, FAMILY & GROUP THERAPY AS WELL AS INTENSIVE OUTPATIENT PROGRAMS FOR DRUG/ACOHOL ABUSE.

Other Info: ALSO PROVIDES SUBSTANCE ABUSE TREATMENT VIA VIVITROL AS WELL AS NURTURING PARENTING PROGRAMS.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input checked="" type="checkbox"/>	DUI Assessment <input checked="" type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input checked="" type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAMILY ADDICTION TREATMENT SERVICE

Alternate Name: ADDICTION RECOVERY SYSTEMS

Address Line 1: 408 BETHEL RD

Address Line 2:

City/State/Zip: SOMERS POINT NJ 08244

Phone #1: (609) 601-8611 Ext: 24 Hr: ☐ Comments:

Phone #2: (561) 455-0565 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.MEDICATIONASSISTED.COM/

Other Info: PROVIDES OUTPATIENT SUBSTANCE ABUSE DISORDER TREATMENT SERVICES TO RESIDENTS OF SOUTHEASTERN NJ INCLUDING MEDICATION ASSISTED TREATMENT WITH METHADONE AND SUBOXONE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input checked="" type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input checked="" type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: FAMILY COURT ASSESSMENT TEAM

Alternate Name: FCAT

Address Line 1: 134 CREST HAVEN RD

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1373 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CAPEMAYCOUNTYGOV.NET

Other Info: PROVIDES SERVICES FOR FAMILY ASSESSMENT, CLIENT ADVOCACY, SUBSTANCE ABUSE EVALUATION, FAMILY COUNSELING, & DRUG/ALCOHOL COUNSELING TO IMPROVE FAMILY FUNCTIONING & STRENGTHEN THE FAMILY UNIT.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAMILY GUIDANCE CENTER CORP

Alternate Name:

Address Line 1: 2300 HAMILTON AVE

Address Line 2:

City/State/Zip: TRENTON NJ 08619

Phone #1: (609) 587-6641 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAMILY MATTERS INC

Alternate Name:

Address Line 1: 899 BAYSHORE RD

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 886-8666 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAMILY SERVICE ASSOCIATION

Alternate Name: PATRICIA KENNEY COUNSELING

Address Line 1: 3073 ENGLISH CREEK AVE

Address Line 2:

City/State/Zip: EGG HARBOR TOWNSHIP NJ 08234

Phone #1: (609) 569-0239 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.FSASJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FAMILY SUCCESS CENTER OF CAPE MAY COUNTY

Alternate Name: CCS FAMILY CENTER

Address Line 1: 1046 B ROUTE 47

Address Line 2:

City/State/Zip: RIO GRANDE NJ 8242

Phone #1: (609) 465-6031 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 778-6226 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website:

Other Info: PROVIDES A RELAXED ATMOSPHERE FOR FAMILIES TO GROW TOGETHER & BE THEMSELVES. ALSO PROVIDES EDUCATIONAL & EXCITING PROGRAM OPPORTUNITIES TO PROMOTE HEALTHY RELATIONSHIPS & LOVING FAMILIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 10:00AM TO 6:00PM

Tues: 10:00AM TO 6:00PM

Wed: 10:00AM TO 6:00PM

Thurs: 10:00AM TO 6:00PM

Fri: 10:00AM TO 6:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: FATHER MARTIN'S ASHLEY

Alternate Name:

Address Line 1: 800 TYDINGS LN

Address Line 2:

City/State/Zip: HAVRE DE GRACE MD 21078

Phone #1: (800) 799-4673 Ext: 213 24 Hr: ☐ Comments: ADMISSIONS-TOLL FREE

Phone #2: (800) 799-4673 Ext: 24 Hr: ☐ Comments: GENERAL INFO

Phone #3: (410) 273-2213 Ext: 24 Hr: ☐ Comments: ADMISSIONS-LOCAL

On Facebook: ☒ Website: WWW.FATHERMARTINSASHLEY.ORG/

Other Info: A PRIVATE ALCOHOLISM, DRUG ADDICTION & CHRONIC PAIN MANAGEMENT INPATIENT TREATMENT CENTER ON THE CHESAPEAKE BAY IN MARYLAND WHERE PEOPLE COME TO HEAL (85 BEDS).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FIRST PRESBYTERIAN CHURCH OF CAPE MAY

Alternate Name:

Address Line 1: 500 HUGHES AVE

Address Line 2:

City/State/Zip: CAPE MAY NJ 08204

Phone #1: (609) 884-3949 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.CMFIRSTPRESBYTERIAN.COM/

Other Info: APPLICANTS MUST SHOW PROOF OF RESIDENCY IN CAPE MAY, WEST CAPE MAY, CAPE MAY POINT OR NORTH CAPE MAY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri: 2ND & 4TH FRI OF EACH MONTH FROM 9:00AM TO 10:30AM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FIRST UNITED METHODIST CHURCH

Alternate Name:

Address Line 1: 1 CHURCH ST

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08204

Phone #1: (609) 465-7087

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://COURTHOUSEUMC.ORG/INDEX.PHP?OPTION=COM_CONTENT&VIEW=ARTICLE&ID=57&ITEMID=6

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat: 3RD SATURDAY OF EACH MONTH FROM 9:30AM TO 11:30AM

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FLYNN CHRISTIAN FELLOWSHIP HOUSES

Alternate Name:

Address Line 1: 1091 E JERSEY ST

Address Line 2:

City/State/Zip: ELIZABETH NJ 07201

Phone #1: (908) 351-2265 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: 28 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:00AM TO 7:00PM

Tues: 8:00AM TO 7:00PM

Wed: 8:00AM TO 7:00PM

Thurs: 8:00AM TO 7:00PM

Fri: 8:00AM TO 7:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: FLYNN FELLOWSHIP HOUSE

Alternate Name:

Address Line 1: 25 OAKLAND AVE

Address Line 2:

City/State/Zip: JERSEY CITY NJ 07306

Phone #1: (201) 795-4898 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FOODPANTRIES.ORG

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.FOODPANTRIES.ORG/ST/NEW_JERSEY

Other Info: A WEBSITE THAT PROVIDES A LIST OF NJ FOOD PANTRIES (BY CITY/TOWN).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FOUNDATIONS RECOVERY NETWORK

Alternate Name:

Address Line 1: 5409 MARYLAND WAY (SUITE 320)

Address Line 2:

City/State/Zip: BRENTWOOD TN 37027

Phone #1: (877) 714-1318

Ext:

24 Hr: ☐

Comments: ADMISSIONS HELPLINE

Phone #2: (866) 494-7787

Ext:

24 Hr: ☐

Comments: ADMISSIONS HELPLINE ALTERNATE

Phone #3: (855) 709-9714

Ext:

24 Hr: ☐

Comments: ADMISSIONS HELPLINE ALTERNATE

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: FREEDOM HOUSE

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: GLEN GARDNER

NJ

Phone #1: (908) 537-6043

Ext:

24 Hr: ☐

Comments: ADMISSIONS

Phone #2: (908) 617-5492

Ext:

24 Hr: ☐

Comments: ADMINISTRATION OFFICE

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.FREEDOMHOUSENJ.ORG/

Other Info: MULTI-PHASE LONG TERM RESIDENTIAL TREATMENT PROGRAM DEDICATED TO TREATING ADULT MEN WHO ARE RECOVERING FROM ALCOHOL & DRUG ADDICTION. THEY ALSO HAVE OTHER LOCATIONS FOR MEN ONLY IN MORRISTOWN NJ (BRIAN'S HOUSE) AND IN GLEN GARDNER NJ (GRANTHAM HOUSE).

Other Info: THEY HAVE TWO TRANSITIONAL LIVING FACILITIES FOR WOMEN AND THEIR CHILDREN, ONE IN TRENTON NJ AND THE OTHER IN MANSFIELD TOWNSHIP NJ.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: FREEHOLD OUTPATIENT SERVICES

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: STATION A 2-2 MONMOUTH AVE

Address Line 2:

City/State/Zip: FREEHOLD NJ 07728

Phone #1: (732) 308-0113 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDES OUTPATIENT SERVICES FOR ADULT AND ADOLESCENTS (MALE AND FEMALE).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: GALLOWAY TOWNSHIP SENIOR AND SOCIAL SERVICES

Alternate Name:

Address Line 1: 300 E JIMMIE LEEDS RD

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (609) 652-3700

Ext: 270

24 Hr: ☐

Comments:

Phone #2: (609) 652-9262

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.GALLOWAYTWP-NJ.GOV

Other Info: PROVIDES INFORMATION AND REFERRALS FOR EMERGENCY ASSISTANCE FOR FOOD, HOUSING, CLOTHING, MEDICATION AND UTILITIES TO FAMILIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 4:30PM

Tues: 8:30AM TO 4:30PM

Wed: 8:30AM TO 4:30PM

Thurs: 8:30AM TO 4:30PM

Fri: 8:30AM TO 4:30PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: GATEWAY FOUNDATION

Alternate Name:

Address Line 1: 1080 E PARK ST

Address Line 2:

City/State/Zip: CARBONDALE IL 62901

Phone #1: (877) 505-4673 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: THEIR OUTPATIENT AND RESIDENTIAL PROGRAMS OFFER PERSONALIZED TREATMENT PLANS FOR ADULTS AND TEENS THAT FOSTER THE TOOLS AND KNOWLEDGE NEEDED TO THRIVE IN RECOVERY.

Other Info: THEY HAVE MULTIPLE LOCATIONS THROUGHOUT ILLINOIS AND MISSOURI.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: GATEWAY FOUNDATION ADULT RESIDENTIAL TREATMENT

Alternate Name:

Address Line 1: 171 NEW CASTLE AVE

Address Line 2:

City/State/Zip: DELAWARE CITY DE 19706

Phone #1: (302) 571-1216 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: GENPSYCH

Alternate Name:

Address Line 1: 31 E DARRAH LN

Address Line 2:

City/State/Zip: LAWRENCEVILLE NJ 08648

Phone #1: (855) 436-7792 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: WWW.GENPSYCH.COM/

Other Info: DEDICATED TO HELPING CHILDREN, ADULTS & THEIR FAMILIES RESTORE & MAINTAIN EMOTIONAL & PHYSICAL HEALTH OUTSIDE OF A HOSPITAL SETTING.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: GOOD NEWS HOME FOR WOMEN

Alternate Name:

Address Line 1: 33 BARTLES CORNER RD

Address Line 2:

City/State/Zip: FLEMINGTON NJ 08822

Phone #1: (908) 806-4220

Ext:

24 Hr: ☒

Comments: ADMISSIONS

Phone #2: (908) 806-7913

Ext:

24 Hr: ☐

Comments: ADMINISTRATION OFFICE

Phone #3: (908) 782-4132

Ext:

24 Hr: ☐

Comments: RUTH'S PHONE #

On Facebook: ☒

Website: WWW.GOODNEWSHOME.ORG/

Other Info: 12 BEDS & 6 OUTPATIENT

Other Info: OFFERING A CHRISTIAN (HOLISTIC/NON-DENOMINATIONAL) APPROACH TO HEALING THE MIND, BODY AND SPIRIT.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: GOODWILL RESCUE MISSION

Alternate Name:

Address Line 1: 79 UNIVERSITY AVE

Address Line 2:

City/State/Zip: NEWARK NJ 07102

Phone #1: (973) 621-9560 Ext: 2 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.GRMNEWARK.ORG/INDEX.ASP

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: GREEN CREEK BETHEL UNITED METHODIST CHURCH

Alternate Name:

Address Line 1: 386 ROUTE 47

Address Line 2:

City/State/Zip: GREEN CREEK NJ 08219

Phone #1: (609) 889-0474 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.GREENCREEKUMC.ORG/

Other Info: THERE ARE NO RESIDENCY RESTRICTIONS. HOWEVER, CLIENTS DO NEED TO BRING ID.

Other Info: THEY ALSO OFFER A CLOTHING CLOSET, OPEN AT SAME TIME AS FOOD PANTRY. CLIENTS MAY SELECT FROM OUR WIDE SELECTION OF GENTLY USED CLOTHING, SHOES AND ACCESSORIES. SIZE AVAILABILITY VARIES AS THESE ITEMS ARE DONATED.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: 3RD WED OF EACH MONTH FROM 5:00PM TO 6:00PM Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: GRIEF SUPPORT GROUP (LIGHTHOUSE CHURCH)

Alternate Name:

Address Line 1: 1248 ROUTE 9

Address Line 2:

City/State/Zip: BURLEIGH NJ 8210

Phone #1: (609) 329-5615 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 465-4358 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: SUPPORT FOR THOSE WHO ARE GRIEVING THE DEATH OF A LOVED ONE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 2ND & 4TH TUES OF EACH MONTH AT 6:30PM

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: HAMPTON BEHAVIORAL HEALTH CENTER

Alternate Name:

Address Line 1: 650 RANCOCAS RD

Address Line 2:

City/State/Zip: WESTAMPTON NJ 08060

Phone #1: (800) 603-6767

Ext:

24 Hr: ☐

Comments: TOLL FREE

Phone #2: (609) 267-7000

Ext:

24 Hr: ☐

Comments: LOCAL #

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://HAMPTONHOSPITAL.COM/CONTACT/

Other Info: 100 BED FACILITY THAT PROVIDES QUALITY BEHAVIORAL HEALTHCARE SERVICES THAT EFFECTIVELY, EFFICIENTLY AND SAFELY MEET THE NEEDS OF THEIR PATIENTS, THEIR PATIENTS' FAMILIES AND THE COMMUNITY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: HANSEN HOUSE

Alternate Name: HENDRICKS HOUSE

Address Line 1: 411 ALOE ST

Address Line 2:

City/State/Zip: EGG HARBOR CITY NJ 08215

Phone #1: (609) 965-3699 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HENDRICKSHOUSEGROUP.ORG/

Other Info: PROVIDES 3 MONTHS OF TREATMENT FOR MEN AND WOMEN WITH DRUG/ALCOHOL DEPENDENCIES (30 BEDS FOR MEN AND 30 BEDS FOR WOMEN).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: HENDRICKS HOUSE

Alternate Name: HANSEN HOUSE

Address Line 1: 542 N WEST BLVD

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 794-2443 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HENDRICKSHOUSEGROUP.ORG/

Other Info: PROVIDES 3 MONTHS OF TREATMENT FOR MEN WITH DRUG/ALCOHOL DEPENDENCIES (40 BEDS).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: HEROINDETOX.NET

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 303-2482

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.HEROINDETOX.NET

Other Info: THEIR WEBSITE DOES NOT PROVIDE SPECIFIC INFORMATION ON THE LOCATION OF THEIR DETOX CENTERS. ALTHOUGH THE WEBSITE CLAIMS TO HAVE CENTERS IN ALL 50 STATES.

Other Info: PROVIDES SERVICES FOR HEROIN DETOX ONLY.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input checked="" type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: HIGH FOCUS CENTERS

Alternate Name:

Address Line 1: 70 EISENHOWER DR

Address Line 2:

City/State/Zip: PARAMUS NJ 07652

Phone #1: (201) 291-0055 Ext: 24 Hr: ☐ Comments: LOCAL # FOR PARAMUS LOCATION

Phone #2: (800) 877-3628 Ext: 24 Hr: ☐ Comments: INTAKE

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: WWW.HIGHFOCUSCENTERS.COM/

Other Info: PROVIDES STRUCTURED OUTPATIENT BEHAVIORAL HEALTH AND ADDICTION TREATMENT PROGRAMS IN NEW JERSEY.

Other Info: THEY HAVE OTHER LOCATIONS IN NJ ALSO (FREEHOLD, PARSIPPANY, BRANCBURG & CRANFORD).

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: INTAKE HOURS (8:00AM TO 9:00PM)

Tues: INTAKE HOURS (8:00AM TO 9:00PM)

Wed: INTAKE HOURS (8:00AM TO 9:00PM)

Thurs: INTAKE HOURS (8:00AM TO 9:00PM)

Fri: INTAKE HOURS (8:00AM TO 9:00PM)

Sat: INTAKE HOURS (8:00AM TO 5:00PM)

Sun: INTAKE HOURS (8:00AM TO 5:00PM)

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: HOLY REDEEMER HOME CARE & HOSPICE

Alternate Name:

Address Line 1: 1801 RT 9 NORTH

Address Line 2:

City/State/Zip: SWAITON NJ 08210

Phone #1: (609) 465-2082 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HOLYREDEEMER.COM/MAIN/HOME.ASPX

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: HOLY SPIRIT LUTHERAN CHURCH

Alternate Name:

Address Line 1: 1220 BAYSHORE RD

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 886-2414 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HOLYSPIRITVILLAS.COM/

Other Info: SERVICES AVAILABLE TO LOWER TOWNSHIP RESIDENTS. CALL FOR HOURS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: HOPE ALL DAY RECOVERY CENTER

Alternate Name:

Address Line 1: 600 S ODESSA AVE

Address Line 2:

City/State/Zip: EGG HARBOR CITY NJ 08215

Phone #1: (609) 379-2582 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: WWW.HOPEALLDAY.ORG/

Other Info: OFFERS PEER TO PEER SUPPORT WHERE INDIVIDUALS IN RECOVERY FROM DRUGS OR ALCOHOL AND THEIR FAMILY AND SUPPORTERS GATHER FOR FELLOWSHIP, LEARNING, AND SOCIAL EVENTS THAT LEAD TO HEALTHY LIFESTYLES.

Other Info: THEY ARE ALSO A RESOURCE CENTER FOR INFORMATION ON TREATMENT REFERRALS, SOCIAL SERVICES AND HOUSING OPTIONS.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 5:00PM

Tues: 9:00AM TO 5:00PM

Wed: 9:00AM TO 5:00PM

Thurs: 9:00AM TO 5:00PM

Fri: 9:00AM TO 5:00PM

Sat: 9:00AM TO 5:00PM

Sun: 9:00AM TO 5:00PM

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: HOPE QUEST MINISTRY GROUP INC

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: WOODSTOCK GA

Phone #1: (678) 391-5952 Ext: 24 Hr: ☐ Comments:

Phone #2: (866) 377-7589 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HOPEQUESTGROUP.ORG

Other Info: THEY PROVIDE A 12-WEEK INTENSIVE RESIDENTIAL TREATMENT AND RECOVERY PROGRAM DESIGNED FOR MEN WHO STRUGGLE WITH LIFE DOMINATING ISSUES RELATED TO ALCOHOL ABUSE (OR DEPENDENCE), SUBSTANCE ABUSE (OR DEPENDENCE) OR SEXUAL BROKENNESS.

Other Info: THEY ALSO PROVIDE A PROGRAM FOR WOMEN WHO WHO HAVE EXPERIENCED BETRAYAL AND LOSS AS A RESULT OF THEIR SPOUSES' STRUGGLE WITH LIFE-DOMINATING SEXUAL SIN.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: HUNTERDON MEDICAL CENTER

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NJ 30188

Phone #1: (866) 424-2060

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: INTERNATIONAL INFORMATION PROGRAMS (USA EMBASSY)

Alternate Name: IIP

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://IIPDIGITAL.USEMBASSY.GOV/ENGLISH/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JERSEY CAPE DIAGNOSITC TRAINING & OPPORTUNITY CENTER INC

Alternate Name:

Address Line 1: 4 MOORE RD

Address Line 2: DN 606

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-4117 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDES EXTENDED EMPLOYMENT, COMMUNITY JOB PLACEMENT, SUPPORTED EMPLOYMENT, RETENTION, & CAREER COUNSELING FOR INDIVIDUALS WITH DISABILITIES, IN-SCHOOL AT RISK STUDENTS, SCHOOL DROP OUTS & WELFARE RECIPIENTS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: JERSEY CITY MEDICAL CENTER

Alternate Name:

Address Line 1: 355 GRAND ST

Address Line 2:

City/State/Zip: JERSEY CITY NJ 07302

Phone #1: (201) 915-2000 Ext: 2272 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LIBERTYHEALTH.ORG/PROGRAMS.ASPX?ID=78

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JOHN BROOKS RECOVERY CENTER (FOR MEN)

Alternate Name: INSTITUTE FOR HUMAN DEVELOPMENT

Address Line 1: 1315 PACIFIC AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 347-8615

Ext:

24 Hr: ☐

Comments: ALAN OBERMAN'S NUMBER

Phone #2: (609) 345-4035

Ext:

24 Hr: ☐

Comments: MAIN NUMBER-ALL LOCATIONS

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JBRCNJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input checked="" type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JOHN BROOKS RECOVERY CENTER (FOR WOMEN)

Alternate Name: INSTITUTE FOR HUMAN DEVELOPMENT

Address Line 1: 20 SOUTH TENNESSEE AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 347-8615

Ext:

24 Hr: ☐

Comments: ALAN OBERMAN'S NUMBER

Phone #2: (609) 345-4035

Ext:

24 Hr: ☐

Comments: MAIN NUMBER-ALL LOCATIONS

Phone #3: (609) 345-2433

Ext:

24 Hr: ☐

Comments: MAIN NUMBER-WOMEN'S CENTER

On Facebook: ☐

Website: WWW.JBRCNJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input checked="" type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JOHN BROOKS RECOVERY CENTER (OUTPATIENT METHADONE PROGRAM & PROJECT ROW)

Alternate Name: INSTITUTE FOR HUMAN DEVELOPMENT

Address Line 1: 1315 PACIFIC AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 347-8615

Ext:

24 Hr: ☐

Comments: ALAN OBERMAN'S NUMBER

Phone #2: (609) 345-4035

Ext:

24 Hr: ☐

Comments: MAIN NUMBER-ALL LOCATIONS

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.JBRCNJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input checked="" type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input checked="" type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JUVENILE & FAMILY DRUG COURT

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (609) 984-0066

Ext:

24 Hr: ☐

Comments: ACTING ASSISTANT DIRECTOR'S #

Phone #2: (609) 943-5984

Ext:

24 Hr: ☐

Comments: CHIEF'S #

Phone #3: (609) 633-2582

Ext:

24 Hr: ☐

Comments: ADMINISTRATIVE SPECIALIST'S #

On Facebook: ☐

Website:

Other Info: THE PORTION OF THE CRIMINAL JUSTICE ENVIRONMENT THAT HELPS BUILD A CLOSE COLLABORATIVE RELATIONSHIP BETWEEN CRIMINAL JUSTICE AND DRUG TREATMENT PROFESSIONALS.

Other Info: VISIT WEBSITE FOR ELIGIBILITY/REQUIREMENTS & DRUG COURT INFORMATION FOR ALL NJ COUNTIES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: JUVENILE FAMILY CRISIS INTERVENTION

Alternate Name:

Address Line 1: 134 CREST HAVEN RD

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-1374 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: TO ASSIST FAMILIES IN CRISIS THROUGH FAMILY COUNSELING AND/OR REFERRALS TO APPROPRIATE AGENCIES IN THE COMMUNITY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: KIDS ARE DYING (DVD)

Alternate Name: STEERED STRAIGHT

Address Line 1:

Address Line 2:

City/State/Zip: MILLVILLE NJ 08332

Phone #1: (888) 222-2228 Ext: 24 Hr: ☒ Comments: HELP HOTLINE FOR KIDS

Phone #2: (856) 691-6676 Ext: 24 Hr: ☐ Comments: GENERAL INFORMATION

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.KIDSAREDYING.COM/

Other Info: INFORMATIONAL/EDUCATIONAL DVD HIGHLIGHTING THE DRUG ABUSE EPIDEMIC IN NJ, INCLUDING POWERFUL STREET-SIDE INTERVIEWS WITH THOSE IN ADDICTION AND FAMILIES.

Other Info: LIMITED NUMBER OF COPIES OF THIS DVD ARE AVAILABLE THROUGH LIGHTHOUSE CHURCH. PLEASE CONTACT PASTOR CHARLIE WITH YOUR REQUEST.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LADDER PROJECT

Alternate Name: GREATER BERGEN COMMUNITY ACTION INC

Address Line 1:

Address Line 2:

City/State/Zip: HACKENSACK NJ

Phone #1: (201) 767-3290 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://GREATERBERGEN.ORG/

Other Info: A LICENSED HALFWAY HOUSE FOR HOMELESS MEN IN RECOVERY FROM SUBSTANCE ABUSE (20 BEDS).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input checked="" type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LEARNING RECOVERY CENTER OF WILDWOOD

Alternate Name: CAPE SELF HELP CENTER

Address Line 1: 4404 PACIFIC AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 523-7100 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website:

Other Info: EMPOWERS MENTAL HEALTH CONSUMERS & PEOPLE WHO STRUGGLE WITH ADDICTION TO REALIZE A LIFESTYLE CENTERED ON WELLNESS, A BALANCED STATE OF SOCIAL, SPIRITUAL, MENTAL, EMOTIONAL AND PHYSICAL HEALTH.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LIFE COUNSELING SERVICES & THE LIGHT PROGRAM

Alternate Name:

Address Line 1: 323 S PITNEY RD

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

 Phone #1: (610) 624-5629 Ext: 24 Hr: ☐ Comments:

 Phone #2: Ext: 24 Hr: ☐ Comments:

 Phone #3: Ext: 24 Hr: ☐ Comments:

 On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: LIGHTHOUSE

Alternate Name:

Address Line 1: 5034 ATLANTIC AVE

Address Line 2:

City/State/Zip: MAYS LANDING NJ 08330

Phone #1: (609) 625-4900 Ext: 24 Hr: ☐ Comments:

Phone #2: (800) 852-8851 Ext: 24 Hr: ☐ Comments:

Phone #3: (888) 955-8226 Ext: 24 Hr: ☒ Comments:

On Facebook: ☐ Website: WWW.LHRECOVERY.COM

Other Info: THEY ALSO OFFER OUTPATIENT TREATMENT AT FOUR OTHER NEW JERSEY LOCATIONS (MANAHAWKIN, MAYS LANDING, VENTNOR AND HADDON TOWNSHIP).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	

Payment Comments POSSIBLE FUNDING AVAILABLE FROM HURRICANE SANDY FOR ADOLESCENT DETOX.

SJI Comments ATLANTIC & GLOUCESTER COUNTIES.

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LITERACY VOLUNTEERS ASSOCIATION (CAPE MAY & ATLANTIC COUNTY)

Alternate Name:

Address Line 1: 743 N MAIN ST

Address Line 2:

City/State/Zip: PLEASANTVILLE NJ 08232

Phone #1: (609) 383-3377 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LVACAPEATLANTIC.ORG

Other Info: PROVIDES FREE LITERACY EDUCATION PROGRAMS & STUDENT-CENTERED TRAINING TO ADULTS WHO FUNCTION AT THE LOWEST LITERACY LEVELS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 4:30PM

Tues: 9:00AM TO 4:30PM

Wed: 9:00AM TO 4:30PM

Thurs: 9:00AM TO 4:30PM

Fri: 9:00AM TO 4:30PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: LIVENGRIN

Alternate Name:

Address Line 1: 4833 HULMEVILLE RD

Address Line 2:

City/State/Zip: BENSLEM PA 19020

Phone #1: (215) 638-5200 Ext: 24 Hr: ☐ Comments:

Phone #2: (800) 245-4746 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LIVENGRIN.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments DETOX COSTS \$500.00 PER DAY.

SJI Comments SJI FUNDING FOR PA ONLY

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LLOYD REYNOLDS ASSOC

Alternate Name:

Address Line 1: 733 E ELMER ST

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 692-4486 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: LOWER TOWNSHIP RESCUE SQUAD

Alternate Name: RUSSELL'S PANTRY

Address Line 1: 101 GEORGIA & MAIN ST

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 886-2552 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LOWERRESCUE.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: MARKET STREET MISSION

Alternate Name:

Address Line 1: 9 MARKET ST

Address Line 2:

City/State/Zip: MORRISTOWN NJ 07960

Phone #1: (973) 538-0431 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☒ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: MARYVILLE INC

Alternate Name:

Address Line 1: 567 SALEM-QUINTON RD

Address Line 2:

City/State/Zip: SALEM NJ 08079

Phone #1: (856) 935-9305

Ext: 312

24 Hr: ☐

Comments: SHANNON'S #

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: MARYVILLE INC

Alternate Name:

Address Line 1: 1903 GRANT AVE

Address Line 2:

City/State/Zip: WILLIAMSTOWN NJ 08094

Phone #1: (856) 629-0244

Ext: 312

24 Hr: ☐

Comments: ADMISSIONS

Phone #2: (856) 629-0244

Ext:

24 Hr: ☐

Comments: GENERAL INFO

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.MARYVILLENJ.ORG/PUBLIC/

Other Info: PROVIDES COMPREHENSIVE HIGH QUALITY DRUG AND ALCOHOL ADDICTION AND CO-OCCURRING TREATMENT SERVICES TO INDIVIDUALS & FAMILIES AFFECTED BY THE DISEASE OF ADDICTION REGARDLESS OF THEIR ABILITY TO PAY.

Other Info: THEIR RESIDENTIAL FACILITY IN WILLIAMSTOWN HAS 76 BEDS. THEY ALSO HAVE 2 OTHER LOCATIONS IN GLASSBORO AND VINELAND THAT PROVIDE OUTPATIENT SERVICES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	

Payment Comments 30 DAYS OF INPATIENT TREATMENT COSTS APPROXIMATELY \$7,000.00 A MONTH.

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: MARYVILLE INC

Alternate Name:

Address Line 1: 707 N MAIN ST SUITE 2

Address Line 2:

City/State/Zip: GLASSBORO NJ 08028

Phone #1: (856) 863-3913 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: MARYVILLE INC

Alternate Name:

Address Line 1: 1173 E LANDIS AVE #202

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 690-1000 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: MATTIE HOUSE

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: 86 CONOVER RD

Address Line 2:

City/State/Zip: MARLBORO NJ 07746

Phone #1: (732) 817-0616 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: MISSION TEENS INC

Alternate Name:

Address Line 1: PO BOX 52

Address Line 2:

City/State/Zip: NORMA NJ 08347

Phone #1: (856) 691-9855 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.MISSIONTEENS.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: MOUNT CARMEL GUILD BEHAVIORAL HEALTHCARE

Alternate Name: CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK

Address Line 1: 1160 RAYMOND BLVD

Address Line 2:

City/State/Zip: NEWARK NJ 07102

Phone #1: (800) 227-7705 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDE MEDICATION AND CASEWORK MANAGEMENT OF ADULTS WHO NO LONGER REQUIRE A MORE INTENSIVE LEVEL OF BEHAVIORAL CARE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: MRS WILSON'S TREATMENT SERVICES FOR WOMEN

Alternate Name: ALFRE INC

Address Line 1: 56 MOUNT KIMBLE AVE

Address Line 2:

City/State/Zip: MORRISTOWN NJ 07960

Phone #1: (973) 540-0116 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.MRS-WILSONS.ORG/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: NAR-ANON (HEADQUARTERS)

Alternate Name:

Address Line 1: 22527 CRENSHAW BLVD (SUITE 200B)

Address Line 2:

City/State/Zip: TORRANCE CA 90505

Phone #1: (800) 477-6291 Ext: 24 Hr: ☐ Comments:

Phone #2: (310) 534-8188 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NAR-ANON.ORG/NARANON/

Other Info: PROVIDES SUPPORT FOR THOSE WHO HAVE BEEN AFFECTED BY THE ABUSE OF DRUGS IN A LOVED ONE. USE THEIR WEBSITE OR PHONE NUMBER TO OBTAIN THE LOCATION OF A NAR-ANON MEETING NEAR YOU.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NAR-ANON (ST BARNABAS BY THE BAY EPISCOPAL CHURCH)

Alternate Name:

Address Line 1: 13 W BATES AVE

Address Line 2:

City/State/Zip: VILLAS NJ 8210

Phone #1: (609) 780-5051

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: SUPPORT FOR THOSE WHO HAVE BEEN AFFECTED BY THE ABUSE OF DRUGS IN A LOVED ONE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues: EVERY TUES AT 7:30PM

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NARCOTICS ANONYMOUS

Alternate Name: NA

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 992-0401

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: SUPPORT FOR THOSE WHO STRUGGLE WITH DRUG ABUSE. USE THE PHONE NUMBER TO LOCATE A NA MEETING NEAR YOU.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input checked="" type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS

Alternate Name: NADCP

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NADCP.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NATIONAL DRUG COURT INSTITUTE

Alternate Name: NDCI

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NDCI.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input checked="" type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: NEW HOPE FOUNDATION

Alternate Name:

Address Line 1: 80 CONOVER RD

Address Line 2:

City/State/Zip: MARLBORO NJ 07746

Phone #1: (732) 946-3030 Ext: OPTION 3 24 Hr: ☐ Comments:

Phone #2: (732) 817-0616 Ext: 24 Hr: ☐ Comments:

Phone #3: (800) 705-4673 Ext: 24 Hr: ☒ Comments:

On Facebook: ☐ Website: WWW.NEWHOPEFOUNDATION.ORG

Other Info: DEDICATED TO THE TREATMENT OF ADULTS AND ADOLESCENTS AFFECTED WITH ALCOHOL, DRUG AND GAMBLING ADDICTION.

Other Info: OFFERS HALFWAY HOUSES IN OTHER NJ LOCATIONS (MATTIE HOUSE-MARLBORO, PHILIP HOUSE & EPIPHANY HOUSE-LONG BRANCH, & EPIPHANY HOUSE-LONG BRANCH). ALSO PROVIDES OUTPATIENT SERVICES IN FREEHOLD NJ & NEW BRUNSWICK NJ.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEW HORIZONS

Alternate Name:

Address Line 1: 63 SOUTH MYRTLE ST

Address Line 2:

City/State/Zip: VINELAND NJ 08360

Phone #1: (856) 696-8921 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: EMPOWERS MENTAL HEALTH CONSUMERS & PEOPLE WHO STRUGGLE WITH ADDICTION TO REALIZE A LIFESTYLE CENTERED ON WELLNESS, A BALANCED STATE OF SOCIAL, SPIRITUAL, MENTAL, EMOTIONAL AND PHYSICAL HEALTH.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEW JERSEY DENTAL CLINIC DIRECTORY

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.STATE.NJ.US/HEALTH/FHS/ORAL/DOCUMENTS/DENTAL_DIRECTORY.PDF

Other Info: PROVIDES A CENTRAL SOURCE OF INFORMATION ON PUBLIC DENTAL CLINICS AND SERVICES IN NEW JERSEY. THESE CLINIC SERVICES ARE PRIMARILY PROVIDED BY LOCAL HEALTH DEPARTMENTS, HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE (CHARITY CARE PROGRAM)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.STATE.NJ.US/HEALTH/CHARITYCARE/INDEX

Other Info: PROVIDES A FUNDING PROGRAM (CHARITY CARE) FOR PEOPLE WHO ARE UNINSURED AND UNDERINSURED.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input checked="" type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEW JERSEY PREVENTION NETWORK

Alternate Name: NJPN

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website: WWW.PARENTCHECKNJ.COM

Other Info: THEY ARE AN EXPERT IN THE FIELD OF SUBSTANCE ABUSE PREVENTION AND TRAINING INITIATIVES FOR BOTH THE SUBSTANCE ABUSE PREVENTION AND TREATMENT WORKFORCE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEW JERSEY STATE DEPARTMENT OF HEALTH (HEALTHCARE FOR UNINSURED OR UNDER INSURED PEOPLE PROGRAM)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NJ.GOV/NJHEALTHLINK/HOME/UNINSURED.HTML

Other Info: PROVIDES A LIST OF PROGRAMS THAT OFFER FINANCIAL ASSISTANCE OR REDUCED FEES FOR HEALTH-RELATED SERVICES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input checked="" type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEW LIFESTYLE MEDICAL

Alternate Name:

Address Line 1: 19-21 FAIR LAWN AVE (SUITE 2E)

Address Line 2:

City/State/Zip: FAIR LAWN NJ 07410

Phone #1: (877) 311-2334 Ext: 24 Hr: ☐ Comments: TOLL FREE

Phone #2: (201) 468-8808 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NEWLIFESTYLEMEDICAL.COM/

Other Info: THEY FOCUS ON TREATING THE WHOLE PERSON: MIND, BODY, AND SOUL COMBINING CONVENTIONAL MEDICINE AND CONTEMPORARY THERAPIES TO ACHIEVE OPTIMAL HEALTH AND HEALING FOR PEOPLE WITH ADDICTION PROBLEMS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEWPORT ACADEMY

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NEWPORT BEACH CA 92657

Phone #1: (949) 887-0242 Ext: 24 Hr: ☐ Comments:

Phone #2: (877) 628-3367 Ext: 24 Hr: ☐ Comments:

Phone #3: (866) 382-6651 Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NEWPORTACADEMY.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: NEWPORT ACADEMY

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: NY

Phone #1: (949) 887-0242

Ext:

24 Hr: ☐

Comments:

Phone #2: (877) 628-3367

Ext:

24 Hr: ☐

Comments:

Phone #3: (866) 382-6651

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NEWPORTACADEMY.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

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Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: NEWPORT ACADEMY

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip: CT

Phone #1: (949) 887-0242

Ext:

24 Hr: ☐

Comments:

Phone #2: (877) 628-3367

Ext:

24 Hr: ☐

Comments:

Phone #3: (866) 382-6651

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.NEWPORTACADEMY.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: NOTRE DAME DE LE MER PARISH (LAZARUS HOUSE)

Alternate Name:

Address Line 1: 2900 PACIFIC AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 522-5583 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 522-2709 Ext: 24 Hr: ☐ Comments:

Phone #3: (609) 770-8754 Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NOTREDAMEDELAMER.ORG/NOTREDAME/

Other Info: LOCATED AT GLENWOOD & NEW JERSEY AVES AND SERVING WILDWOOD ISLAND RESIDENTS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: OFFICE OF JUSTICE PROGRAMS

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://OJP.GOV/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OPEN DOOR OUTPATIENT SERVICES

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: 2-4 NEW AND KIRKPATRICK ST

Address Line 2:

City/State/Zip: NEW BRUNSWICK NJ 08901

Phone #1: (732) 246-4800 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: OPEN DOOR SOCIAL GROUP

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website:

Other Info: STRIVES TO PROVIDE NOT ONLY EVENTS BUT INFORMATION & RESOURCES TO ASSIST PEOPLE IN THEIR JOURNEY OF RECOVERY. MEMBERSHIP IS FREE & ALL AGES ARE WELCOME.

Other Info: FOR A LIST OF CURRENT EVENTS/ACTIVITIES, VISIT THEIR FACEBOOK PAGE WHICH IS LISTED UNDER "OPENDOORSOCIALGROUP".

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input checked="" type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OPENING DOORS FOR OUT OF SCHOOL YOUTH

Alternate Name: ODOSY

Address Line 1: 1121 ROUTE 47

Address Line 2: ROBBINS NEST PLAZA

City/State/Zip: RIO GRANDE NJ 08242

Phone #1: (609) 889-6803

Ext: 213

24 Hr: ☐

Comments: FOR TELEPHONE CALLS

Phone #2: (609) 675-0645

Ext:

24 Hr: ☐

Comments: FOR TEXTING ONLY

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.ODOSY.COM

Other Info: PROVIDES EMPLOYMENT SERVICES FOR INCOME-ELIGIBLE CAPE MAY COUNTY YOUTHS AGE 16-21 WHO HAVE NOT COMPLETED HIGH SCHOOL OR WHO ARE HIGH SCHOOL GRADUATES, BUT ARE UNEMPLOYED OR UNDEREMPLOYED (WORKING PART TIME).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (BAYSHORE)

Alternate Name:

Address Line 1: 2905 SHORE RD

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 600-1163

Ext:

24 Hr: ☐

Comments:

Phone #2: (732) 668-4788

Ext:

24 Hr: ☐

Comments: RAY'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 11 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (BAYSIDE)

Alternate Name:

Address Line 1: 1600 WEST AVE

Address Line 2:

City/State/Zip: OCEAN CITY NJ 08226

Phone #1: (609) 398-9099

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 290-2556

Ext:

24 Hr: ☐

Comments: DAVE'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 6 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (BOARDWALK)

Alternate Name:

Address Line 1: 134 S BARTRAM AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 289-8134

Ext:

24 Hr: ☐

Comments:

Phone #2: (908) 723-2377

Ext:

24 Hr: ☐

Comments: JUSTIN'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 9 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (CARDINAL COURT)

Alternate Name:

Address Line 1: 52 LIBERTY ST

Address Line 2:

City/State/Zip: LONG BRANCH

NJ

Phone #1: (732) 483-6946

Ext:

24 Hr: ☐

Comments:

Phone #2: (732) 693-2966

Ext:

24 Hr: ☐

Comments: MAF'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 7 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (CORNWALL)

Alternate Name:

Address Line 1: 15 S CORNWALL AVE

Address Line 2:

City/State/Zip: VENTNOR CITY NJ 08406

Phone #1: (609) 541-2251

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 541-2251

Ext:

24 Hr: ☐

Comments: NICK'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 12 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (DUDLEY)

Alternate Name:

Address Line 1: 318 STATE ST

Address Line 2:

City/State/Zip: CHERRY HILL NJ 08002

Phone #1: (856) 356-2664

Ext:

24 Hr: ☐

Comments:

Phone #2: (856) 842-9159

Ext:

24 Hr: ☐

Comments: LASHAWN'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 7 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (FRANKFORD)

Alternate Name:

Address Line 1: 109 S FRANKFORD AVE

Address Line 2:

City/State/Zip: VENTNOR NJ 08406

Phone #1: (609) 350-7278

Ext:

24 Hr: ☐

Comments:

Phone #2: (856) 842-6712

Ext:

24 Hr: ☐

Comments: ALVIN'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 9 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (GALWAY PLACE)

Alternate Name:

Address Line 1: 11 GALWAY PL

Address Line 2:

City/State/Zip: TEANECK NJ 07666

Phone #1: (201) 530-7279

Ext:

24 Hr: ☐

Comments:

Phone #2: (973) 896-7988

Ext:

24 Hr: ☐

Comments: TARA'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 7 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (MAIN WEBSITE)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (609) 292-8947

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://OXFORDHOUSE.ORG/STATE_DIRECTORY_LISTING.PHP?STATE=NJ&CHAPTER=

Other Info: USE WEBSITE TO LOCATE AN OXFORD HOUSE IN NJ.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (MELBOURNE)

Alternate Name:

Address Line 1: 124 LAFAYETTE AVE

Address Line 2:

City/State/Zip: VENTNOR NJ 08406

Phone #1: (609) 428-6813 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 7 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (NORTH SHORE)

Alternate Name:

Address Line 1: 355 N SHORE RD

Address Line 2:

City/State/Zip: ABSECON NJ 08201

Phone #1: (609) 241-6713 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 576-6682 Ext: 24 Hr: ☐ Comments: KENDRA'S NUMBER

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 8 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (SOMERS POINT)

Alternate Name:

Address Line 1: 532 SHORE RD

Address Line 2:

City/State/Zip: SOMERS POINT NJ 08244

Phone #1: (609) 365-8072

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 513-9373

Ext:

24 Hr: ☐

Comments: WILL'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info: 6 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (SUFFOLK)

Alternate Name:

Address Line 1: 105 S SUFFOLK AVE

Address Line 2:

City/State/Zip: VENTNOR NJ 08406

Phone #1: (609) 428-7555 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 12 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (TROY)

Alternate Name:

Address Line 1: 105 S TROY AVE

Address Line 2:

City/State/Zip: VENTNOR NJ 08406

Phone #1: (609) 428-6207 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 6 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (UNION CREEK)

Alternate Name:

Address Line 1: 511 BUFFALO AVE

Address Line 2:

City/State/Zip: EGG HARBOR TOWNSHIP NJ 08234

Phone #1: (732) 619-6323

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 593-3551

Ext:

24 Hr: ☐

Comments: DE'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 6 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (VICTORIAN)

Alternate Name:

Address Line 1: 852 WESLEY AVE

Address Line 2:

City/State/Zip: OCEAN CITY NJ 08226

Phone #1: (609) 399-1559

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments: KRISTEN'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 7 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (WESLEY)

Alternate Name:

Address Line 1: 816 WESLEY AVE

Address Line 2:

City/State/Zip: OCEAN CITY NJ 08226

Phone #1: (609) 938-1271

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments: LINDSAY'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 11 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: OXFORD HOUSE (WINCHESTER)

Alternate Name:

Address Line 1: 308-310 HAMSHIRE DR

Address Line 2:

City/State/Zip: VENTNOR NJ 08406

Phone #1: (609) 823-4919

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments: EARL'S NUMBER

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: HTTP://WWW.OXFORDHOUSE.ORG/PDF/NJ

Other Info: 8 BEDS

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: PALM PARTNERS

Alternate Name:

Address Line 1: 705 LINTON BLVD

Address Line 2:

City/State/Zip: DEL RAY FL 33444

Phone #1: (877) 711-4746 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.PALMPARTNERS.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: PARENT TO PARENT

Alternate Name:

Address Line 1: 1010 B TUCKERTON RD

Address Line 2:

City/State/Zip: MARLTON NJ 8053

Phone #1: (856) 983-3328 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.PARENT2PARENTNJ.ORG/

Other Info: PARENT-TO-PARENT COALITION, IN THE SPIRIT OF UNITY, OFFERS STRENGTH AND HOPE IN SUPPORT FOR FAMILIES AND THEIR CHILDREN SUFFERING THE RAVAGING EFFECTS OF DRUG AND ALCOHOL ADDICTION.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 6:00PM

Tues: 9:00AM TO 6:00PM

Wed: 9:00AM TO 6:00PM

Thurs: 10:00AM TO 6:00PM

Fri: 10:00AM TO 4:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: PARK BENCH GROUP COUNSELING

Alternate Name:

Address Line 1: 1810 SHORE RD

Address Line 2:

City/State/Zip: NORTHFIELD NJ 08225

Phone #1: (609) 641-0000 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.PARKBENCHGROUP.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

Alternate Name: PPA

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (888) 477-2669

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: [HTTPS://WWW.PPARX.ORG/EN](https://www.pparx.org/en)

Other Info: PROVIDES ACCESS TO PROGRAMS FOR FREE OR LOWER COST PRESCRIPTIONS TO PEOPLE IN NJ WHO QUALIFY.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: PHILIP HOUSE

Alternate Name: NEW HOPE FOUNDATION

Address Line 1: 190 CHELSEA AVE

Address Line 2:

City/State/Zip: LONG BRANCH NJ 07740

Phone #1: (732) 870-8500 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.NEWHOPEFOUNDATION.ORG

Other Info: HALFWAY HOUSE FOR ADULT MALES. ALSO PROVIDES OUTPATIENT SERVICES FOR ADULT AND ADOLESCENTS (MALE AND FEMALE).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: POST HOUSE

Alternate Name:

Address Line 1: 610 PEMBERTEN BROWNS MILL RD

Address Line 2:

City/State/Zip: PEMBERTON NJ 08068

Phone #1: (609) 726-7155 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: PRINCETON HOUSE BEHAVIORAL HEALTH

Alternate Name:

Address Line 1: 905 HERRONTOWN RD

Address Line 2:

City/State/Zip: PRINCETON NJ 08540

Phone #1: (800) 242-2550

Ext:

24 Hr: ☐

Comments: INPATIENT ADMISSIONS

Phone #2: (609) 497-3300

Ext:

24 Hr: ☐

Comments: LOCAL NUMBER

Phone #3: (888) 437-1610

Ext:

24 Hr: ☐

Comments: OUTPATIENT ADMISSIONS

On Facebook: ☐

Website: WWW.PRINCETONHCS.ORG/PHCS-HOME/WHAT-WE-DO/PRINCETON-HOUSE-BEHAVIORAL-HEALTH/WH

Other Info: PROMOTES EVIDENCE-BASED PRACTICES, CONTINUOUS IMPROVEMENT OF QUALITY, ONGOING PROFESSIONAL AND COMMUNITY EDUCATION AND INNOVATIVE APPROACHES TO BEHAVIORAL HEALTHCARE.

Other Info: ALSO PROVIDES OUTPATIENT SERVICES IN THEIR OTHER NJ LOCATIONS (HAMILTON, NORTH BRUNSWICK, MOORESTOWN).

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: PUERTO RICAN ACTION COMMITTEE

Alternate Name: PRACS

Address Line 1: 604 FRANKLIN ST

Address Line 2:

City/State/Zip: WOODBINE NJ 08270

Phone #1: (609) 861-5800 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://PRACNJ.COM/INDEX.HTML

Other Info: IDENTIFIES AND ADDRESSES THE NEEDS OF HISPANIC & LOW INCOME PEOPLE BY DEVELOPING STRATEGIES & PROGRAMS TO FACILITATE SOCIO-ECONOMIC GROWTH & SELF SUFFICIENCY.

Other Info: PROVIDES BI-LINGUAL AND BI-CULTURAL REFERRAL ASSISTANCE. ALSO PROVIDES ASSISTANCE TO LOW INCOME INDIVIDUALS OF ALL RACES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: RECOVERY ASSOCIATES

Alternate Name:

Address Line 1: 2801 NORTH FLAGLER DRIVE

Address Line 2: 300 BUTLER STREET

City/State/Zip: WEST PALM BEACH FL 33407

Phone #1: (888) 557-8581

Ext:

24 Hr: ☐

Comments:

Phone #2: (609) 675-6930

Ext:

24 Hr: ☐

Comments: BETH WALLS #

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.RECOVERYASSOCIATES.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: RECOVERY RESOURCES ONLINE

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.LOCAL.SOBERRECOVERY.COM/

Other Info: THIS WEBSITE PROVIDES LINKS (BY STATE) TO REHABS, DETOXES & PROGRAMS LIKE AL-ANON.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: REHAB AFTER WORK

Alternate Name: REHAB AFTER SCHOOL

Address Line 1: 323 S PITNEY RD (SUITE 201)

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (800) 238-4357 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.REHABAFTERWORK.COM/

Other Info: PROVIDES ADULT, TEEN & FAMILY THERAPY TO THOSE SUFFERING AS A RESULT OF DRUG & ALCOHOL ABUSE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: RETREAT AT LANCASTER COUNTY

Alternate Name:

Address Line 1: 1170 S STATE ST

Address Line 2:

City/State/Zip: EPHRATA PA 17522

Phone #1: (855) 859-8808 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.RETREATLC.COM

Other Info: OFFERS OUTPATIENT PROGRAMS AT THEIR OTHER LOCATION IN AKRON PA.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: ROWAN UNIVERSITY TOBACCO CENTER

Alternate Name:

Address Line 1: 40 ACADEMY ST N

Address Line 2:

City/State/Zip: GLASSBORO NJ 08028

Phone #1: (856) 863-2175 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: RUTGERS - GALLOWAY TOWNSHIP DENTAL CENTER

Alternate Name:

Address Line 1: 4 E JIMMIE LEEDS RD (BUILDING 2, SUITE 6)

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (609) 652-0501 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:30AM TO 5:00PM

Tues: 9:30AM TO 5:00PM

Wed: 9:30AM TO 5:00PM

Thurs: 9:30AM TO 5:00PM

Fri: 9:30AM TO 5:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments ALSO ACCEPTS MEDICAID				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: RUTGERS - JOHN H. CRONIN DENTAL CENTER

Alternate Name:

Address Line 1: 235 DOLPHIN AVE

Address Line 2:

City/State/Zip: NORTHFIELD NJ 08225

Phone #1: (609) 645-5814

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 5:00PM

Tues: 8:30AM TO 5:00PM

Wed: 8:30AM TO 5:00PM

Thurs: 8:30AM TO 5:00PM

Fri: 8:30AM TO 5:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) ☐

Adult Female (PIN) ☐

Adolescent Female (Loves PIN) ☐

Adult Female (Loves PIN) ☐

Adolescent Mail (PIN) ☐

Adult Female with Child(ren) (PIN) ☐

Adolescent Mail (Loves PIN) ☐

Adult Mail (Loves PIN) ☐

Adult Mail (PIN) ☐

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input checked="" type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments ALSO ACCEPTS MEDICAID AND NJ FAMILY CARE

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SALVATION ARMY INC (CAPE MAY COUNTY)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (609) 861-2816

Ext:

24 Hr: ☐

Comments: CAPE MAY

Phone #2: (609) 522-0231

Ext:

24 Hr: ☐

Comments: WILDWOOD

Phone #3: (609) 465-7087

Ext:

24 Hr: ☐

Comments: CAPE MAY COURT HOUSE

On Facebook: ☐

Website: WWW.SALVATIONARMYUSA.ORG

Other Info: PROVIDES SHORT-TERM EMERGENCY ASSISTANCE WITH FOOD, SHELTER, CLOTHING, TRANSPORTATION, UTILITIES, PRESCRIPTIONS, FURNITURE, MEDICAL, DENTAL & OPTICAL NEEDS.

Other Info: THE OCEAN CITY AREA PHONE # IS 609-525-9288.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SALVATION ARMY INC (CUMBERLAND COUNTY)

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (856) 696-5252

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.SALVATIONARMYUSA.ORG

Other Info: PROVIDES SHORT-TERM EMERGENCY ASSISTANCE WITH FOOD, SHELTER, CLOTHING, TRANSPORTATION, UTILITIES, PRESCRIPTIONS, FURNITURE, MEDICAL, DENTAL & OPTICAL NEEDS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SALVATION ARMY INC (NEWARK)

Alternate Name:

Address Line 1: 65 PENNINGTON S

Address Line 2:

City/State/Zip: NEWARK NJ 07105

Phone #1: (973) 589-0370 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SALVATIONARMY.ORG

Other Info: PROVIDES SHORT-TERM EMERGENCY ASSISTANCE WITH FOOD, SHELTER, CLOTHING, TRANSPORTATION, UTILITIES, PRESCRIPTIONS, FURNITURE, MEDICAL, DENTAL & OPTICAL NEEDS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SALVATION ARMY INC (TRENTON)

Alternate Name:

Address Line 1: 436 MULBERRY ST

Address Line 2:

City/State/Zip: TRENTON NJ 08638

Phone #1: (609) 599-9803 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SALVATIONARMY.ORG

Other Info: PROVIDES SHORT-TERM EMERGENCY ASSISTANCE WITH FOOD, SHELTER, CLOTHING, TRANSPORTATION, UTILITIES, PRESCRIPTIONS, FURNITURE, MEDICAL, DENTAL & OPTICAL NEEDS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SEABROOK HOUSE

Alternate Name:

Address Line 1: 133 POLK LANE

Address Line 2: PO BOX 5055

City/State/Zip: BRIDGETON NJ 08302

Phone #1: (856) 455-7575 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SEABROOKHOUSE.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments DETOX AND REHAB COST (35 DAYS @ \$26,200.00). IF A DYFS CASE IS INVOLVED, DYSF MAY PAY FOR THE BED

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SEASHORE COMMUNITY CHURCH OF THE NAZARENE

Alternate Name:

Address Line 1: 446 SEASHORE RD

Address Line 2:

City/State/Zip: ERMA NJ 08204

Phone #1: (609) 886-6196 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 886-1494 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SEASHORECOMMUNITY.COM/

Other Info: MUST BRING PHOTO ID AND BIRTH CERTIFICATES FOR EACH CHILD

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 10:00AM TO 12:00PM

Tues:

Wed: 10:00AM TO 12:00PM

Thurs:

Fri: 10:00AM TO 12:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SECURUS TECHNOLOGIES INC

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 844-6591

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.SECURUSTECH.NET/FRIENDS

Other Info: CONTRACTED WITH CMC TO OFFER THE PRE-PAID PHONE SERVICES ("ADVANCE CONNECT") & "IWEBVISITS" FOR/WITH THE INMATE.

Other Info: SETUP VIA THE SECURUS WEBSITE IS GENERALLY QUICKER THAN CALLING THE JAIL DIRECTLY. HOWEVER BE CAREFUL TO NOT SELECT THE IWEBVISIT FOR YOUR COMPUTER IF YOU PLAN TO VISIT THE INMATE AT THE FACILITY. OTHERWISE, YOU'LL BE CHARGED EXTRA.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input checked="" type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SHARING OUR STORIES (LIGHTHOUSE CHURCH)

Alternate Name: SOS

Address Line 1: 1248 ROUTE 9

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 465-6690 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: A SUPPORT GROUP FOR MEN AND WOMEN WHO ARE CONCERNED ABOUT A LOVED ONE'S DRUG/ALCOHOL USE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs: 6:30PM TO 8:00PM

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SILVER HILL HOSPITAL

Alternate Name:

Address Line 1: 208 VALLEY RD

Address Line 2:

City/State/Zip: NEW CANAAN CT 06840

Phone #1: (800) 899-4455

Ext: 4

24 Hr: ☐

Comments: ADMISSIONS

Phone #2: (800) 899-4455

Ext:

24 Hr: ☐

Comments: GENERAL INFO

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☒

Website: WWW.SILVERHILLHOSPITAL.ORG

Other Info: A NON-PROFIT HOSPITAL NATIONALLY RECOGNIZED FOR THE TREATMENT OF PSYCHIATRIC AND ADDICTIVE DISORDERS. AVERAGE LENGTH OF TREATMENT IS 4 WEEKS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input checked="" type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SOCIETY OF ST VINCENT DEPAUL

Alternate Name:

Address Line 1: 3006 CLAY ST

Address Line 2:

City/State/Zip: WOODBINE NJ 08270

Phone #1: (609) 861-5992 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.HOMELESSSHELTERDIRECTORY.ORG/CGI-BIN/ID/FOODBANK.CGI?FOODBANK=12928

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: SODAT OF NJ INC

Alternate Name: SERVICES TO OVERCOME DRUG ABUSE AMOUNG TEENAGERS

Address Line 1: 124 N BRAOD ST

Address Line 2:

City/State/Zip: WOODBURY NJ 08096

Phone #1: (888) 792-4383 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.ROBINSNESTCOMMUNITYRESOURCE DIRECTORY.ORG/LISTMAN/LISTINGS/L0163.HTML

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SOUTH JERSEY AIDS ALLIANCE

Alternate Name:

Address Line 1: 436 W GARFIELD AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 523-0024 Ext: 24 Hr: ☐ Comments:

Phone #2: (800) 281-2437 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://WWW.SOUTHJERSEYAIDSALLIANCE.ORG/

Other Info: PROVIDES ASSISTANCE FOR INDIVIDUALS LIVING WITH HIV/AIDS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: SOUTH JERSEY DRUG TREATMENT CENTER

Alternate Name:

Address Line 1: 162 SUNNY SLOPE DR

Address Line 2:

City/State/Zip: BRIDGETON NJ 08302

Phone #1: (856) 455-5441 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: PROVIDES METHODONE MAINTENANCE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input checked="" type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SOUTH JERSEY INITIATIVE

Alternate Name: SJJ

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.STATE.NJ.US/HUMANSERVICES/DAS/TREATMENT/SJIA

Other Info: FUNDING FOR ADOLESCENTS WITH SUBSTANCE ABUSE ADDICTIONS AGED 13 THROUGH 18 AND YOUNG ADULTS AGED 18 THROUGH 24 FROM ATLANTIC, BURLINGTON, CAMDEN, CUMBERLAND, GLOUCESTER, CAPE MAY, OCEAN AND SALEM COUNTIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input checked="" type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments FOR ATLANTIC, BURLINGTON, CAMDEN, CUMBERLAND, GLOUCESTER, CAPE MAY, OCEAN AND SALEM COUNTIES				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: SOUTH JERSEY LEGAL SERVICES

Alternate Name: LEGAL AID

Address Line 1: 1261 S RT 9

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (800) 496-4570 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 465-3001 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.LSNJ.ORG/SJLS

Other Info: A NON-PROFIT ORGANIZATION CREATED TO PROVIDE QUALITY LEGAL REPRESENTATION AND ADVOCACY. SERVICES ARE FREE TO LOW INCOME INDIVIDUALS WHO ARE FULL-TIME CAPE MAY COUNTY RESIDENTS (IF QUALIFIED).

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:00AM TO 5:00PM

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input checked="" type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: SOUTHERN JERSEY FAMILY MEDICAL CENTERS INC

Alternate Name:

Address Line 1: 1301 ATLANTIC AVE

Address Line 2:

City/State/Zip: ATLANTIC CITY NJ 08401

Phone #1: (609) 572-0000 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SJFMC.ORG

Other Info: PROVIDES PRIMARY HEALTHCARE SERVICES TO LOCAL COMMUNITIES REDUCING THE FINANCIAL AND CULTURAL BARRIERS IN ORDER TO MEET THE NEEDS OF THE COMMUNITY.

Other Info: LOCATED IN BURLINGTON, ATLANTIC & SALEM COUNTIES.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SPRING HOUSE

Alternate Name:

Address Line 1: 230 E RIDGEWOOD AVE

Address Line 2: BERGEN PINES COMPLEX (BLDG 7)

City/State/Zip: PARAMUS NJ 07652

Phone #1: (201) 261-3582 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info: 34 BEDS, 0 - 6 MONTH PROGRAM

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: ST BARNABAS BY THE BAY EPISCOPAL CHURCH

Alternate Name:

Address Line 1: 13 WEST BATES AVE

Address Line 2:

City/State/Zip: VILLAS NJ 08251

Phone #1: (609) 886-5960 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SAINTBARNABASVILLAS.ORG/

Other Info: PROVIDES FOOD AND PERSONAL CARE ITEMS TO RESIDENTS OF LOWER TOWNSHIP. PROOF OF RESIDENCY REQUIRED.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 6:00PM TO 7:00PM

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ST CLAIRE'S ADDICTION RECOVERY

Alternate Name:

Address Line 1: 130 POWERVILLE RD

Address Line 2:

City/State/Zip: BOONTON NJ 08005

Phone #1: (888) 626-2111

Ext:

24 Hr: ☐

Comments: BEFORE 8:00PM

Phone #2: (973) 316-1888

Ext:

24 Hr: ☐

Comments: AFTER 8:00PM

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.SAINTCLARES.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ST MARKS & ALL SAINTS EPISCOPAL CHURCH

Alternate Name:

Address Line 1: 429 PITNEY RD

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (609) 652-6222 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: HTTP://SMASNJ.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 10:00AM TO 2:00PM

Wed: Thurs: 10:00AM TO 2:00PM

Fri: 10:00AM TO 2:00PM Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ST MAXIMILIAN KOLBE PARISH (CHURCH OF THE RESURRECTION)

Alternate Name:

Address Line 1: 200 WEST TUCKAHOE RD

Address Line 2:

City/State/Zip: MARMORA NJ 08223

Phone #1: (609) 390-0664 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://SAINTMAXKOLBE.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed: 2:00PM TO 4:00PM

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
Adult Mail (PIN) <input checked="" type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: ST MAXIMILIAN KOLBE PARISH (ST CASIMIR CHURCH)

Alternate Name:

Address Line 1: 304 CLAY ST

Address Line 2:

City/State/Zip: WOODBINE NJ 08270

Phone #1: (609) 861-5992 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://SAINTMAXKOLBE.COM/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues: 9:00AM TO 1:00PM

Wed: Thurs: 9:00AM TO 1:00PM

Fri: Sat: 9:00AM TO 1:00PM

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: ST MICHAEL'S MEDICAL CENTER

Alternate Name:

Address Line 1: 111 CENTRAL AVE

Address Line 2:

City/State/Zip: NEWARK NJ 07102

Phone #1: (800) 211-5927 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SMMCNJ.ORG/SERVICES/BEHAVIORAL-HEALTH/

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: STATE OF NEW JERSEY DIVISION OF ADDICTION SERVICES

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (800) 238-2222

Ext: 211

24 Hr: ☒ Comments:

Phone #2: (800) 238-2222

Ext: 22

24 Hr: ☒ Comments:

Phone #3:

Ext:

24 Hr: ☐ Comments:

On Facebook: ☐

Website: WWW.STATE.NJ.US/HUMANSERVICES/DAS/HOME/

Other Info: WEBSITE OF ADDITIONAL RESOURCES TO HELP A PERSON GET INTO A REHAB/DETOX.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) ☒

Adult Female (PIN) ☒

Adolescent Female (Loves PIN) ☐

Adult Female (Loves PIN) ☐

Adolescent Mail (PIN) ☒

Adult Female with Child(ren) (PIN) ☐

Adolescent Mail (Loves PIN) ☐

Adult Mail (Loves PIN) ☐

Adult Mail (PIN) ☒

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: STEERED STRAIGHT INC

Alternate Name: KIDS ARE DYING (DVD)

Address Line 1:

Address Line 2:

City/State/Zip: MILLVILLE NJ 08332

Phone #1: (888) 222-2228

Ext:

24 Hr: ☒

Comments: HELP HOTLINE

Phone #2: (856) 691-6676

Ext:

24 Hr: ☐

Comments: GENERAL INFORMATION

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.STEEREDSTRAIGHT.ORG/INDEX.HTML

Other Info: AN ORGANIZATION COMMITTED TO PROVIDING REAL-LIFE, MOTIVATIONAL MESSAGES ABOUT SUBSTANCE USE AND ABUSE, GANG INVOLVEMENT, AND BULLYING.

Other Info: MICHAEL DELEON IS A KEY SPEAKER ON EDUCATING SCHOOLS, POLITICIANS, POLICE DEPARTMENTS, & OTHER GROUPS ON THE PROBLEMS & SOLUTIONS TO THE DRUG/OVERDOSE EPIDEMIC.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: STRAIGHT & NARROW INC

Alternate Name: MOUNT CARMEL HOSPITAL

Address Line 1: 508 STRAIGHT ST

Address Line 2:

City/State/Zip: PATERSON NJ 07501

Phone #1: (973) 345-6000

Ext: 6230

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.STRAIGHTANDNARROWINC.ORG

Other Info: THEY FOCUS ON THE WHOLE PERSON, INCLUDING SUBSTANCE ABUSE, MENTAL/ PHYSICAL HEALTH IS DESIGNED TO RAISE CLIENTS' AWARENESS OF THE NEED FOR CHANGE & MOVE THEM FORWARD THROUGH THE CHANGE PROCESS.

Other Info: THEY PROVIDE HOUSING FOR LOW-INCOME & HOMELESS PEOPLE WHO HAVE HIV/AIDS. THEY ALSO OPERATE MOUNT CARMEL HOSPITAL WHICH PROVIDES PRIMARY HEALTH CARE SERVICES FOR STRAIGHT & NARROW RESIDENTS AND THEIR CHILDREN.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Alternate Name: SAMHSA

Address Line 1: 1 CHOKE CHERRY RD

Address Line 2:

City/State/Zip: ROCKVILLE MD 20857

Phone #1: (800) 487-4889

Ext:

24 Hr: ☐

Comments: MAIN NUMBER

Phone #2: (240) 276-1660

Ext:

24 Hr: ☐

Comments: SUBSTANCE ABUSE TREATMENT

Phone #3: (240) 276-2420

Ext:

24 Hr: ☐

Comments: SUBSTANCE ABUSE PREVENTION

On Facebook: ☐

Website: WWW.SAMHSA.GOV/

Other Info: AN AGENCY WITHIN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT LEADS PUBLIC HEALTH EFFORTS TO ADVANCE THE BEHAVIORAL HEALTH OF THE NATION AND REDUCE THE IMPACT OF SUBSTANCE ABUSE AND MENTAL ILLNESS ON AMERICA'S COMMUNITIES.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:30AM TO 5:00PM

Tues: 8:30AM TO 5:00PM

Wed: 8:30AM TO 5:00PM

Thurs: 8:30AM TO 5:00PM

Fri: 8:30AM TO 5:00PM

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
Adult Mail (PIN) <input type="checkbox"/>			

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SUMMIT BEHAVIORAL HEALTH

Alternate Name:

Address Line 1: 1000 GALLOPING HILL RD

Address Line 2:

City/State/Zip: UNION NJ 07083

Phone #1: (866) 507-5931 Ext: 24 Hr: ☐ Comments: TOLL FREE

Phone #2: (855) 855-9199 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website:

Other Info: PROVIDES A SOLID FOUNDATION FOR RECOVERY AND IMPROVE THE OVERALL QUALITY OF LIFE FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND RELATED MENTAL HEALTH PROBLEMS.

Other Info: DETOX TREATMENT ONLY PROVIDED AT THEIR UNION LOCATION. HOWEVER, THEY PROVIDE OUTPATIENT TREATMENT AT THEIR OTHER LOCATIONS IN FLORHAM PARK NJ, NEWTON PA, PRINCETON JUNCTION NJ & DOYLESTOWN PA.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input checked="" type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SUMMIT OAKS HOSPITAL

Alternate Name:

Address Line 1: 19 PROSPECT STREET

Address Line 2:

City/State/Zip: SUMMIT NJ 07902

Phone #1: (800) 753-5223 Ext: 24 Hr: ☐ Comments:

Phone #2: (908) 522-7000 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.SUMMITOAKSHOSPITAL.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SUNRISE DETOX

Alternate Name:

Address Line 1: 1272 LONG HILL RD

Address Line 2:

City/State/Zip: STIRLING NJ 07980

Phone #1: (888) 443-3869 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: HTTP://SUNRISEDETOX.COM/

Other Info: PROVIDES DRUG AND ALCOHOL DETOX AND PROMISES TO GIVE YOU ONE OF THE MOST COMFORTABLE MEDICAL DETOX PROCESSES AVAILABLE

Other Info: ALSO HAS A FACILITY IN LAKE WORTH FLA.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input checked="" type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input checked="" type="checkbox"/>	Suboxone-Short Term <input checked="" type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: SUNRISE HOUSE FOUNDATION

Alternate Name:

Address Line 1: 37 SUNSET INN RD

Address Line 2: PO BOX 600

City/State/Zip: LAFAYETTE NJ 07848

Phone #1: (800) 538-5483

Ext: OPTION 1

 24 Hr: ☐

Comments:

Phone #2: (973) 383-6300

Ext:

 24 Hr: ☐

Comments: ADMISSIONS

Phone #3:

Ext:

 24 Hr: ☐

Comments:

 On Facebook: ☐

Website: WWW.SUNRISEHOUSE.COM

Other Info: BESIDES PROVIDING REHAB/DETOX SERVICES THEY OFFER HALFWAY HOUSES IN OTHER NJ LOCATIONS (HALFWAY HOUSE FOR WOMEN-FRANKLIN, DUDLEY HOUSE-PLAINFIELD).

Other Info: THEY ALSO OFFER AN EXTENDED CARE "MOTHER & ME PROGRAM" FOR PRE/POST PARTUM WOMEN IDENTIFIED AS BEING ADDICTED TO, OR AT HIGH RISK FOR RELAPSE INVOLVING DRUG/ALCOHOL USE DUE TO POOR COPING SKILLS & MULTIPLE STRESSORS PRESENT IN THE LIFE OF MOTHER & CHILD.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 8:00AM TO 5:00PM

Tues: 8:00AM TO 5:00PM

Wed: 8:00AM TO 5:00PM

Thurs: 8:00AM TO 5:00PM

Fri: 8:00AM TO 5:00PM

Sat: 8:00AM TO 8:00PM

Sun: 8:00AM TO 8:00PM

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input checked="" type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input checked="" type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	

Payment Comments COSTS APPROXIMATELY \$4,565 FOR A 5-DAY DETOX. LIMITED FUNDING AVAILABLE TO ADULTS 18-24 YEARS OLD.

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: SUPPORTIVE ASSISTANCE TO INDIVIDUALS AND FAMILIES PROGRAM

Alternate Name: SAIF

Address Line 1:

Address Line 2:

City/State/Zip: NJ

Phone #1: (609) 569-0239

Ext: 1182

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.STATE.NJ.US/HUMAN SERVICES/DFD/PROGRAMS/SAIF/

Other Info: PROVIDES HELP TO INDIVIDUALS WHO HAVE EXHAUSTED BETWEEN 48 MONTHS OR MORE OF THEIR CASH ASSISTANCE THROUGH COUNTY WELFARE PROGRAM.

Other Info: CLIENT MAY RECEIVE UP TO 24 MONTHS OF CASH BENEFITS, PLUS SERVICES SUCH AS CHILD CARE AND TRANSPORTATION. IF NEEDED, OTHER SERVICES SUCH AS MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT MAY ALSO BE AVAILABLE.

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input checked="" type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input checked="" type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: TC NEW ENGLAND

Alternate Name: PROVIDENCE WOMEN'S CENTER

Address Line 1: 572 ELMWOOD AVE

Address Line 2:

City/State/Zip: PROVIDENCE RI 02907

Phone #1: (401) 467-2970 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.TCPROVIDENCE.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: TEEN CHALLENGE

Alternate Name:

Address Line 1: 49 BROOKDALE AVE

Address Line 2:

City/State/Zip: NEWARK NJ 07106

Phone #1: (973) 374-2206 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.TCNEWENGLAND.ORG/14.HTML

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: TEEN CHALLENGE

Alternate Name:

Address Line 1: 329 E WISTER ST

Address Line 2:

City/State/Zip: PHILADELPHIA PA 19144

Phone #1: (215) 843-2887 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.TEENCHALLENGEPHILADELPHIA.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☒ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: TEEN CHALLENGE

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1:

Ext:

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.TEENCHALLENGEUSA.COM/LOCATIONS/

Other Info: USE THIS WEBSITE TO FIND ALL THE TEEN CHALLENGE LOCATIONS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐

Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: TEEN CHALLENGE

Alternate Name:

Address Line 1: 444 CLINTON AVE

Address Line 2:

City/State/Zip: BROOKLYN NY 11238

Phone #1: (718) 789-1414

Ext: 216

24 Hr: ☐

Comments:

Phone #2:

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.TEENCHALLENGEBROOKLYN.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: THE DRUG REHAB

Alternate Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Phone #1: (866) 303-0790

Ext:

24 Hr: ☒

Comments:

Phone #2: (866) 445-4137

Ext:

24 Hr: ☐

Comments:

Phone #3:

Ext:

24 Hr: ☐

Comments:

On Facebook: ☐

Website: WWW.THEDRUGREHAB.COM

Other Info: THEY ARE A REFERRAL SERVICE FOR REHAB/DETOX CENTERS.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Must Test Positive ☐

Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: THOMAS E HAND AND PROFESSIONAL ASSOC

Alternate Name: IDRC COUNSELING ASSOCIATES

Address Line 1: 283 E JIMMIE LEEDS RD

Address Line 2:

City/State/Zip: GALLOWAY NJ 08205

Phone #1: (609) 748-3331 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: TODAY INC

Alternate Name:

Address Line 1: 1990 WOODBOURNE RD

Address Line 2:

City/State/Zip: NEWTOWN PA 18940

Phone #1: (215) 968-4713 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.TODAYINC.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input checked="" type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input checked="" type="checkbox"/>	

Payment Comments COSTS \$250.00 PER DAY FOR DETOX AND \$200.00 PER DAY FOR REHAB.

SJI Comments

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: TREATMENT DYNAMICS

Alternate Name:

Address Line 1: 265 COLUMBIA TPK

Address Line 2:

City/State/Zip: FLORHAM PARK NJ 07932

Phone #1: (973) 593-0090 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

Disclaimer:

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Resources - Detailed Information (All)

Provider Name: TURNING POINT

Alternate Name:

Address Line 1: 130 POWERVILLE RD

Address Line 2:

City/State/Zip: BOONTON NJ 07005

Phone #1: (973) 239-9400 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.TURNINGPOINTNJ.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: TURNING POINT

Alternate Name:

Address Line 1: 680 BROADWAY

Address Line 2: BARNERT MEDICAL ARTS COMPLEX

City/State/Zip: PATERSON NJ 07514

Phone #1: (973) 239-4600 Ext: 24 Hr: ☐ Comments: MAIN #
 Phone #2: (800) 969-7476 Ext: 24 Hr: ☐ Comments: MAIN # TOLL FREE
 Phone #3: (973) 239-9400 Ext: 24 Hr: ☐ Comments: FAMILY PROGRAM

On Facebook: ☐ Website: WWW.TURNINGPOINTNJ.ORG

Other Info: THEIR OUTPATIENT & FAMILY PROGRAMS ARE LOCATED IN VERONA.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:
 Wed: Thurs:
 Fri: Sat:
 Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input checked="" type="checkbox"/>
Counseling <input checked="" type="checkbox"/>	Education <input checked="" type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input checked="" type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input checked="" type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input checked="" type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: UNITED WAY OF CAPE MAY COUNTY

Alternate Name:

Address Line 1: 230 EAST MAPLE AVE

Address Line 2:

City/State/Zip: WILDWOOD NJ 08260

Phone #1: (609) 729-2002 Ext: 24 Hr: ☐ Comments:

Phone #2: (609) 729-2255 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☒ Website: HTTP://UWCMC.ORG/

Other Info: ENSURES EVERYONE HAS ACCESS TO BASIC NEEDS, INCLUDING EMERGENCY FOOD, SHELTER, CLOTHING AND UTILITY ASSISTANCE.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input checked="" type="checkbox"/>	Court <input type="checkbox"/>	Food <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input checked="" type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: U-TURN FOR CHRIST

Alternate Name:

Address Line 1: 1156 BARR RD

Address Line 2:

City/State/Zip: LEXINGTON SC 29072

Phone #1: (803) 951-2273 Ext: 24 Hr: ☐ Comments:

Phone #2: (803) 951-0985 Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.UTURNFORCHRIST.COM/RANCHLOCATIONS.HTML

Other Info: PROVIDES A RESIDENTIAL DRUG AND ALCOHOL PROGRAM DEALING WITH MEN AND WOMEN WHO ARE SEEKING RESTORATION FROM DRUG AND ALCOHOL ADDICTIONS THROUGH OUR LORD JESUS CHRIST.

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input checked="" type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: VA HOSPITAL

Alternate Name:

Address Line 1: 1400 BLACKHORSE HILL RD

Address Line 2:

City/State/Zip: COATSVILLE PA 19320

Phone #1: (610) 384-7711 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.COATSVILLE.VA.GOV

Other Info: SERVICES FOR VETERANS ONLY

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon:

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: VALLEY FORGE MEDICAL CENTER AND HOSPITAL

Alternate Name:

Address Line 1: 1033 WEST GERMANTOWN PIKE

Address Line 2:

City/State/Zip: NORRISTOWN PA 19403

Phone #1: (610) 539-8500 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.VFMC.NET/INDEX.HTML

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: VOLUNTEERS IN MEDICINE CLINIC

Alternate Name: VIM

Address Line 1: 423 ROUTE 9

Address Line 2:

City/State/Zip: CAPE MAY COURT HOUSE NJ 08210

Phone #1: (609) 463-2846 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.VIMCMC.ORG

Other Info: PROVIDES MEDICAL, PEDIATRIC & EYE CARE SERVICES TO UNINSURED FINANCIALLY ELIGIBLE INDIVIDUALS & FAMILIES WHO OTHERWISE HAVE NO ACCESS TO HEALTH CARE.

Other Info: VIM ACCEPTS PATIENTS THAT LIVE IN CAPE MAY COUNTY & HAVE NO INSURANCE WITH LESS THAN A \$2500 DEDUCTIBLE & HAVE INCOME NO MORE THAN 250% OF THE FEDERAL POVERTY GUIDELINES (APPROX. \$29,000 FOR A SINGLE, \$39,000 FOR A COUPLE).

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: 9:30AM TO 1:00PM

Tues: 3:00PM TO 6:00PM

Wed: 9:30AM TO 2:00PM

Thurs: 9:30AM TO 2:00PM

Fri:

Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input checked="" type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Rehab/Detox <input type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input checked="" type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input checked="" type="checkbox"/>	Adult Female (Loves PIN) <input checked="" type="checkbox"/>
Adolescent Mail (PIN) <input checked="" type="checkbox"/>	Adult Female with Child(ren) (PIN) <input checked="" type="checkbox"/>	Adolescent Mail (Loves PIN) <input checked="" type="checkbox"/>	Adult Mail (Loves PIN) <input checked="" type="checkbox"/>
	Adult Mail (PIN) <input checked="" type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>	Vivitrol <input type="checkbox"/>	

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed <input type="checkbox"/>	Must Test Positive <input type="checkbox"/>	Spanish Only <input type="checkbox"/>
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Resources - Detailed Information (All)

Provider Name: WALTER HOVING HOME

Alternate Name:

Address Line 1: 40 WALTER HOVING RD

Address Line 2:

City/State/Zip: GARRISON NY 10524

Phone #1: (845) 424-3674 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.WALTERHOVINGHOME.ORG

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Must be Detoxed ☐ Must Test Positive ☐ Spanish Only ☐

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Resources - Detailed Information (All)

Provider Name: WHITE DEER RUN

Alternate Name:

Address Line 1: 8284 LEASER RD

Address Line 2:

City/State/Zip: KEMPTON PA 19529

Phone #1: (855) 231-1197 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website: WWW.WDR-BLUE-MOUNTAIN.CRCHEALTH.COM

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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Resources - Detailed Information (All)

Provider Name: WOMEN'S LIMEN HOUSE

Alternate Name:

Address Line 1: 624 N BROOM ST

Address Line 2:

City/State/Zip: WILMINGTON DE 19805

Phone #1: (302) 571-1216 Ext: 24 Hr: ☐ Comments:

Phone #2: Ext: 24 Hr: ☐ Comments:

Phone #3: Ext: 24 Hr: ☐ Comments:

On Facebook: ☐ Website:

Other Info:

Other Info:

Scheduled Hours: (IF AVAILABLE, info is subject to change. Please call and confirm the CURRENT HOURS before going to the location.)

Mon: Tues:

Wed: Thurs:

Fri: Sat:

Sun:

Category(s) of Service(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Clothing <input type="checkbox"/>	Court <input type="checkbox"/>	Food <input type="checkbox"/>	Legal <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Social Activities <input type="checkbox"/>
Correctional (Jail) <input type="checkbox"/>	Dental <input type="checkbox"/>	Funding <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	Support Groups <input type="checkbox"/>
Counseling <input type="checkbox"/>	Education <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical <input type="checkbox"/>	Rehab/Detox <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>

Service(s) Available for: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Adolescent Female (PIN) <input type="checkbox"/>	Adult Female (PIN) <input checked="" type="checkbox"/>	Adolescent Female (Loves PIN) <input type="checkbox"/>	Adult Female (Loves PIN) <input type="checkbox"/>
Adolescent Mail (PIN) <input type="checkbox"/>	Adult Female with Child(ren) (PIN) <input type="checkbox"/>	Adolescent Mail (Loves PIN) <input type="checkbox"/>	Adult Mail (Loves PIN) <input type="checkbox"/>
	Adult Mail (PIN) <input type="checkbox"/>		

Rehab/Detox Treatment(s) Provided: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Alcohol <input checked="" type="checkbox"/>	Detox <input type="checkbox"/>	Inpatient-Long Term <input type="checkbox"/>	Methodone-Short Term <input type="checkbox"/>	Substance Abuse <input checked="" type="checkbox"/>
Alcohol Only <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>	Inpatient-Short Term <input type="checkbox"/>	Mobile Unit <input type="checkbox"/>	Substance Abuse Only <input type="checkbox"/>
Buprenorphine <input type="checkbox"/>	DUI Assessment <input type="checkbox"/>	IOP <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Transitional Living <input type="checkbox"/>
Emergency Stabilization <input type="checkbox"/>	Methodone-Detox <input type="checkbox"/>	Suboxone-Short Term <input type="checkbox"/>		Vivitrol <input type="checkbox"/>

Payment Related Info: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

Free-All Services <input type="checkbox"/>	Insurance Accepted <input type="checkbox"/>	Obamacare Accepted <input type="checkbox"/>	Self Pay-Sliding Scale <input type="checkbox"/>	SJI Funding <input type="checkbox"/>
Free-Some Services <input type="checkbox"/>	Insurance Required <input type="checkbox"/>	Other Funding <input type="checkbox"/>	Self Pay-Full <input type="checkbox"/>	
Payment Comments				
SJI Comments				

Other Qualifications: (IF AVAILABLE, info is subject to change. Please call and confirm this info.)

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