**Naloxone Program Application**

The Washington State Department of Health operates the ***Overdose Education and Naloxone Distribution Program*** that offers free naloxone kits, overdose response training and technical assistance to organizations interested in distributing naloxone to people at risk of opioid overdose.

We are interested in working with Washington State-based organizations that can *distribute* naloxone to the people most likely to experience or respond to an overdose: people who use drugs and their friends and family. We prioritize applications from organizations that do not have the ability to bill insurance, such as syringe service programs, jails, street outreach teams, etc.

Program restrictions

* Please note that we are unable to provide naloxone to agencies *for their own use*.
* Since the passage of [Senate Bill 5195](https://www.hca.wa.gov/about-hca/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195), *we are no longer able to provide naloxone to hospital emergency departments*. Additionally, we ask that Behavioral Health Agencies (BHAs) and Opioid Treatment Programs (OTPs) obtain naloxone from other sources to provide naloxone to their clients to meet the requirements in SB5195. **Kits from our program cannot be used when seeking insurance reimbursement.**

Application instructions

To apply for naloxone kits, please complete this form and return it **in the form of an editable Word Document** to naloxoneprogram@doh.wa.gov. If you are interested in having your organization’s staff and/or volunteers trained on opioid overdose recognition and response, please send an email to the same address.

1. **Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please indicate below what best describes your organization (you may check as many boxes as you feel appropriate):**

[ ]  **Jail**

[ ]  **Behavioral Health Agency (BHA)**

[ ]  **Re-entry program**

[ ]  **Diversion program (e.g., drug court, LEAD)**

[ ]  **Drug treatment program (*not* including opioid treatment program)**

[ ]  **Opioid treatment program**

[ ]  **Supportive housing program**

[ ]  **Abstinence-based housing program**

[ ]  **Drop-in program / day shelter for people living homeless**

[ ]  **Night shelter**

[ ]  **PATH Program**

[ ]  **Healthcare for the Homeless**

[ ]  **Health clinic (e.g., federally qualified health center, rural health center, community health clinic)**

[ ]  **Syringe service program**

[ ]  **HIV service organization**

[ ]  **Other (please describe):**

1. **Name and title of the person(s) who will be responsible for receiving naloxone at your organization, and the person(s) who will be responsible for submitting monthly data reports. Please include emails and phone numbers:**
2. **What is the physical address where you would like the naloxone delivered to? Please include times and days you can receive deliveries, and any restrictions or issues you think might interfere with delivery (e.g., private residence, limited hours of operation, remote access. NOTE: We cannot deliver to post office boxes):**
3. **If applicable, what is the approximate percentage of your organization’s client base that is billed for Medicaid at the time-of-service provision?**
4. **Will this be your organization’s first-time distributing naloxone kits? If so, do you need assistance with training your staff or volunteers on overdose response, materials to hand out program participants, or help with creating policy and procedure for a naloxone distribution program?**
5. **On average, how many naloxone kits would your organization be able to distribute per month? Would you be able to distribute injectable naloxone kits, nasal kits or both?**
6. **We require monthly reporting on the number of naloxone kits your organization distributes and the number of people you train on overdose response. We will also have you ask the person receiving a naloxone kit a yes/no question regarding their previous kit (if applicable), and report on their responses. Additional details regarding monthly reporting shall be covered during the next stage of the application process. If you have any concerns or questions about the reporting, please state them here:**
7. **We use the** [**Statewide Standing Order**](https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf) **to authorize the purchasing, delivery and distribution of naloxone kits from our program. We ask that you review the order and its guidelines, and let us know here if you have any questions or concerns about the order and how it applies to your organization:**

***Everything we provide, including naloxone kits, is free of charge. We aim to respond to completed, submitted requests within 5 business days. Please note that a submitted request is not a guarantee of approval- we will contact you with additional questions about your agency and your work around overdose prevention. If you do not hear from us within 5 business days of submitting your request, please email*** [***www.naloxoneprogram@doh.wa.gov***](http://www.naloxoneprogram@doh.wa.gov)***.***