



Tennessee Department of Mental Health and Substance Abuse Services
Tennessee Faith-Based Community Initiative
Application Questionnaire

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Date: _____

Religious and/or Faith-Based Organization: _____

Address: _____

Telephone Number: _____

Website/Facebook page: _____

Religious and/or Faith-Based Leader: _____

Contact information: _____

Tennessee Department of Mental Health and Substance Abuse Services

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Best Practice Questions:

- 1) Does your religious and/or faith-based organization have Spiritual/Pastoral Support for individuals dealing with alcohol and drug addiction? If yes, please provide examples.

- 2) Does your religious and/or faith-based organization view addiction as a treatable disease? If yes, please provide examples.

- 3) Does your religious and/or faith-based organization embrace and support people in recovery and walk with them on their journey? If yes, please provide examples.

- 4) Does your religious and/or faith-based organization have a visible outreach for those dealing with alcohol and drug abuse in the community? If yes, please provide examples?

- 5) Does your religious and/or faith-based organization disseminate recovery information? If yes, in what ways?

- 6) Does your religious and/or faith-based organization provide recovery support groups dealing with alcohol and drug abuse? If yes, provide examples.

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Note: Send Application via: Email, Fax or Mail to contact information below:

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