

Harm Reduction Hub for more resources!

This checklist is specifically for agencies who have already been approved by the Tennessee Department of Health to operate an SSP in Tennessee and who want to open a location in a different county than current operations.

Applicant & SSP Contact Information		Programmatic Details – Organizational Capacity
Name of organization or agency applying		Community engagement process
Primary applicant contact information: name, phone number, email address		Safety & Security Plan └─ Guidance linked <u>here</u> .
Secondary applicant contact information (optional)		Documentation of safety and security plans submission to local law enforcement (e.g.,
SSP contact information: name of SSP (if different from organization/agency name), phone number or email address for clients to contact Programmatic Details –		original email with confirmation of read receipt). Let If you need assistance with this, please contact SSP.Health@tn.gov or review the guidance in the Safety & Security Plan document linked above.
Services		Letters of support (optional) Letters of support from community partners, county health department, local law enforcement, and/or governing body are strongly encouraged to demonstrate
Services table which documents which services will be offered at the program, whether directly or by referral		
Proposed SSP Location Details	and ensure community cohesion.	
Updated Location Table		Want to learn more about
Zoning Requirement Maps - Guidance linked <u>here</u> .	h.	Scan or click the QR code
		to visit the Tennessee

Questions? Contact SSP.Health@tn.gov