

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 the same county as current operations.

| Applicant & SSP Contact Information | | Proposed SSP Location Details |
|---|--|--|
| Name of organization or agency applying | | Updated Location Table |
| Primary applicant contact information: name, phone number, email address | | Zoning Requirement Maps ^L Guidance linked <u>here</u> . |
| Secondary applicant contact information (optional) | | Programmatic Details – Organizational Capacity |
| SSP contact information: name of SSP (if different from organization/agency name), phone number or email address for clients to contact | | Letters of support (optional) Letters of support from community partners, county health department, loca law enforcement, and/or governing body are strongly encouraged to demonstrate and ensure community cohesion. |
| Programmatic Details – Services | | |
| Services table which documents which services will be offered at the program, whether directly or by referral | | |

Want to learn more about harm reduction in Tennessee?



Scan or click the QR code to visit the Tennessee Harm Reduction Hub for more resources!

Questions? Contact SSP.Health@tn.gov