

Application to Dispense Naloxone (NARCAN) as a Harm Reduction Partner Program in Virginia

Submit completed application by email to: Bruce Taylor, Drug User Health Coordinator at
Bruce.taylor@vdh.virginia.gov.

VDH must approve the application and establish a signed agreement with the applicant before authorized dispensing of Naloxone can begin. You must be a business, agency (governmental or non-governmental) or a non-profit to participate, we cannot provide naloxone to individuals or groups to dispense. If you are an individual or group contact bruce.taylor@vdh.virginia.gov for a list of organizations you may be able to partner with to dispense naloxone.

1. Legal name of organization or agency applying to supply Naloxone as part of a Harm Reduction Partner Program: _____

2. Contact information

Primary Contact

Name _____

Phone _____

Email _____

Secondary Contact

Name _____

Phone _____

Email _____

3. Type of Distribution Program

- Fixed site: program will be run from a permanent, fixed location
- Mobile site: program will be run from a mobile vehicle
- Hybrid site: program will be run from both a fixed site and from a mobile vehicle

4. You may apply to operate your program in any city or county in Virginia. Please list all jurisdictions (city and/or county name) that you plan to provide services in:

5. If you have a fixed site(s), list physical address(es) where you will dispense naloxone. If operating via outreach or from a mobile vehicle, indicate the neighborhoods or sections of town/county you plan to provide services in. Use the following format:

Fixed site: Street, City/Town in Virginia, Zip Code

Mobile: City/County(s) in Virginia, Town(s), Neighborhood or section if known
(example: City of Staunton, downtown area; Augusta County, near Fairgrounds.)

5a. Is this also your shipping address? Yes No

If no list your shipping address

6. Provide a brief overview (a few paragraphs) of your agency's proposed Naloxone programs and include the following information below. (*For this program, Naloxone distribution must be targeted at individuals who use opioids, or their significant others- family, partners, close friends, etc. General public distribution, such as at health fairs, community meetings, etc. is not allowed.*)

- Describe the population(s) your program serves or intends to serve, along with you experience working with this population(s). Include demographic information if known.
- Describe related health and/or behavioral health services your agency currently provides and number of years these services have been provided.
- Describe your agency's experience collecting and reporting data.