

INFORMATION FOR COMPLETING APPLICATION

Designated Mental Health Facility (580-2-9-.19): CHECK APPLICABLE BOX(ES)

I. APPLICANT/CONTRACTOR:

- (1) Name of operating organization (Corporation, etc.)
- (2) Street Address of operating organization, to include post office box as applicable
- (3) City and State location for operating organization, to include zip code
- (4) Telephone and fax number (including area code)
- (5) Name of the Executive Director within the operating organization
- (6) Type of Ownership: Check one block
- (7) Status of Ownership: Check one block
- (8) List the corporations Officers and their mailing address

II. SUBCONTRACTOR INFORMATION (if applicable):

- (1) Name of subcontractor organization (Corporation, Individual, etc.)
- (2) Street Address of subcontractor organization
- (3) City and State location of subcontractor, to include zip code
- (4) Telephone and number (including area code)
- (5) Name of Executive Director for the subcontractor
- (6) Type of Ownership of subcontractor: Check one block
- (7) Status of Ownership: Check one block
- (8) List the corporations Officers and their mailing address

III. FACILITY:

- (1) Specify the full name of the facility that is to be certified. All correspondence and documentation will utilize this name.
- (2) Actual street address of the facility
- (3) City and County location of the facility, to include zip code
- (4) Telephone and fax number (including area code)
- (5) Name of contact person at this facility/site
- (6) Classification of Facility: MH-Mental Health/Mental Illness
DD –Developmental Disabilities SA-Substance Abuse
- (7) Type of Facility: Utilize designations by DMH for facility/service types
- (8) Number of Beds: Indicate actual number of beds to be certified (if applicable);
- (9) Total Occupancy Requested: Indicate total number of beds in the facility; OR Total Occupancy of the Program (e.g., day habilitation/rehabilitation)
- (10) Indicate whether this is a new site, replacement site, increase in beds/occupancy, etc.
- (11) Indicate the projected date of occupancy or beginning of the program.
- (12) Check appropriate block if home will be occupied by persons who require ADA accommodation and if yes explain what type.

IV. Signature and address of the executive director or authorized agency for the applicant.

V. Facilities Certification Office will forward a copy of the application, and the original supporting documents, to the applicable, respective division for approval to proceed with the certification process.

VI. Applicant will forward the completed application and required supporting documents to the DMH Office of Certification Administration.