

REQUEST FOR SITE EVALUATION AND PRELIMINARY ENVIRONMENTAL ASSESSMENT

INSTRUCTIONS: Complete in triplicate and submit one copy to the OASAS Field Office and one copy to the OASAS Facilities Evaluation and Inspection Unit for review and an official site evaluation. Keep one copy for your records. Respond to all items - omissions will delay the Agency's review of the site. Information can be obtained from the property owner, realtor, and/or local building department.

A NAME AND ADDRESS OF SERVICE PROVIDER	Legal Name of Service Provider						Date of Request		
	Street Address								
	City, Town, Village Post Office						State	Zip Code	
	Name of Provider Contact Person			Title or Affiliation			Telephone Number ()		
B ACTION PROPOSED	Select One Action Only per Request <input type="checkbox"/> Temporary Emergency Relocation <input type="checkbox"/> Temporary Non-Emergency Relocation <input type="checkbox"/> Addition of a Supportive Living Facility <input type="checkbox"/> Relocation of Additional Location <input type="checkbox"/> Minor Site Relocation <input type="checkbox"/> Resolve Relocation w/o Approval <input type="checkbox"/> Space Alteration <input type="checkbox"/> Other (Specify):								
C SITE OR ADDITIONAL LOCATION TO BE	Name of Site or Additional Location, as appropriate				Building/Building #				
	Street Address			Room/Suite	Floor	PO Box or Postal Route			
	City, Town, Village Post Office			County	State NY	Zip Code	Plus 4		
D CERTIFIED SERVICES (TO BE) PROVIDED AT SITE	Certificate No.	Service or Program Type					Capacity		
E PROPERTY ACQUISITION	Acquisition Status for this Site or Additional Location, as appropriate <input type="checkbox"/> Currently Owned By Provider <input type="checkbox"/> Currently Leased By Provider <i>(Proceed to Section G)</i> <input type="checkbox"/> Proposed Purchase <input type="checkbox"/> Proposed Lease				Include as ATTACHMENT #1 a copy of the purchase offer agreement/contract or existing/proposed lease or sublease. Please note that any existing or proposed lease must contain the landlord's right to re-entry clause in § 810.7(d)			<input type="checkbox"/> ATTACHMENT #1	
	Source:	OASAS							
F SOURCE OF FUNDS (PURCHASE/ LEASE)	Dollar Amount	\$	\$	\$	\$				
G SITE DRAWINGS AND PHOTOGRAPHS	1. General Site Drawings (Not Required for Space Alterations) Include as ATTACHMENT #2 general site drawings detailing the dimensions and approximate location of the existing building(s) with respect to: property boundaries; existing roads; access drives; walks; well(s) and septic system(s), if applicable.						<input type="checkbox"/> ATTACHMENT #2		
	2. Floor Plan Sketches Include as ATTACHMENT #3 floor plan sketches detailing: the existing building layout and the proposed building layout, with overall dimensions; room designations; maximum permitted occupancy; smoke detectors; fire alarm pullboxes; telephones; sprinkler/standpipe systems; fire extinguishers; emergency lights; door swings; and major appliances/equipment. The sketches must identify sanitary facilities including the number of sinks, showers/tubs and toilets per room and, if the facilities are to be used by clients and/or staff, men and/or women, and are accessible to persons with physical disabilities.						<input type="checkbox"/> ATTACHMENT #3		
	3. Site Photographs (Not Required for Space Alterations) Include as ATTACHMENT #4 photographs of all sides of the structure which show overall building condition, egress, surrounding area						<input type="checkbox"/> ATTACHMENT #4		
H PROPERTY	1. Structure <input type="checkbox"/> Wood Frame <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Brownstone <input type="checkbox"/> Other: _____								
	2. Exterior Walls <input type="checkbox"/> Aluminum <input type="checkbox"/> Clapboard <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____								
	3. Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Other: _____								
	4. Building <input type="checkbox"/> Fully Attached <input type="checkbox"/> Semi-Attached <input type="checkbox"/> Free-Standing				Building Size Sq. Ft.	No. of Floors (Excluding Basement)			
	5. Basement Does building have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will it be used for clients						Size of Basement Sq. Ft.		
	6. Area(s) to be Used for Service(s)								
	Area	Floor #	Sq. Ft.	Floor #	Sq. Ft.	Floor #	Sq. Ft.	Floor #	Sq. Ft.
No. Exits									
7. Services/Utilities a. Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Municipal System <input type="checkbox"/> Other: _____			b. Sanitary System: <input type="checkbox"/> Septic <input type="checkbox"/> Sewer System <input type="checkbox"/> Other: _____			c. Power: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____			

LEGAL NAME OF SERVICE PROVIDER

I CAPITAL INVESTMENT NEEDS	1. Does the site require a capital investment to bring the structure into compliance with applicable OASAS facility standards? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", include as ATTACHMENT #5 a description of all major work items required.</i>	[] ATTACHMENT # 5
	2. Indicate the amount of OASAS financial support expected to finance the capital expenditure <input type="checkbox"/> Capital Projects Funds \$ _____ <input type="checkbox"/> Operational Funds \$ _____ <input type="checkbox"/> Not Applicable - Other Financing Source	

J LOCAL PLANNING REQUIREMENTS	1. Proposed Use in Conformity? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Zoning Classification	3. Proposed Use Conforms with Classification ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Outline below any community concerns, issues or opposition that have been raised or can reasonably be anticipated. _____ _____ _____ _____		
	5. Proximity to Nearest Community Facility (e.g. School, Religious Center, Child Care Facility) miles Type of Facility: _____		6. Building Classification
	7. Certificate of Occupancy <i>Include as ATTACHMENT # 6 a copy of the Certificate of Occupancy. If not available, provide documentation from appropriate regulatory authority .</i>		[] ATTACHMENT # 6

K AREA CHARACTERISTICS	Describe the characteristics of the proposed site location and its surrounding buildings and land uses, public transportation, parking facilities, general traffic etc. Indicate the availability of other chemical dependence and social services in the building or in the immediate vicinity.
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L ACCESSIBILITY TO DISABLED	Indicate if this site is considered accessible for individuals with physical disabilities (e.g. access ramps, doorways, sanitary facilities) ? Yes <input type="checkbox"/> No <input type="checkbox"/>
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M HISTORICAL/ ENVIRONMENTAL SIGNIFICANCE OF THIS SITE	1. Indicate if this site is wholly or partially within or substantially contiguous to any facility/site listed on the State or National Register of Historic Places? Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Indicate if the site is substantially contiguous to a site listed in the Register of Natural Landmarks? [] []
	3. Indicate if the site is in a State Coastal Zone Management Area (CZM)? [] []
	4. Indicate if the site is in a State or Local Critical Environment Area (CEA)? [] []
	5. Indicate if the proposed site will require the following: <input type="checkbox"/> a planning or zoning change <input type="checkbox"/> a zoning variance <input type="checkbox"/> none of preceding <input type="checkbox"/> a special use permit <input type="checkbox"/> a site plan approval
	6. Indicate if the site has an adequate and safe water supply and waste water disposal system? [] []
	7. Indicate if the site involves ten or more acres of property? [] []
	8. Discuss below any other environmental issues which may be reasonably anticipated at this site. _____ _____ _____ _____ _____ <i>(Use additional sheets, identified as ATTACHMENT # 7, as necessary)</i>

SERVICE PROVIDER CERTIFICATION	I CERTIFY that the information provided above is accurate, complete and true to the best of my knowledge.	
	_____ Signature of Chief Executive Officer	_____ Name (Print or Type)
	_____ Title (Print or Type)	_____ Date
	[] ATTACHMENT # 7	