NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

REGIONAL OFFICE REVIEW REPORT
(Chemical Dependence Services Certification Actions)

Applicant's Legal Name	Application No.
OASAS Regional Office	

In conjunction with the certification action(s) submitted by the above applicant, you are requested to review and provide comments on the proposed actions relative to the provision of chemical dependence (alcoholism and/or substance abuse) services in your area of responsibility. Your comments are important in evaluating the merits of the proposal. In completing the responses, use additional sheets as necessary. ***District Directors must sign all PPD-7 forms regardless of funding source.*** Send the completed report to the Bureau of Certification and Systems Management.

1. **Funding Considerations**	a. Does the proposal require new or additional OASAS funds? ☐ Yes ☐ No ☐ NA (non-funded) If "No", proceed to Section 2 below. If "NA", proceed to Item c. below. If "Yes", indicate type of OASAS funds needed and proceed to Item b. below. ☐ One-time Operational Funding ☐ Base Level Operational Funding ☐ Capital Project Funding b. Has OASAS committed funding for the proposed action(s)? 1) One-Time Operational Funding? ☐ Yes ☐ No ☐ NA 2) Base Level Operational Funding? ☐ Yes ☐ No ☐ NA 3) Capital Projects Funding? ☐ Yes ☐ No ☐ NA If "Yes" and/or "NA" for all three selections, proceed to Section 2 below. If "No" for any of the selections, indicate below suggested alternative approaches, if any, to financing the proposal. c. For non funded providers, provide a statement below regarding the review of, viability of and any concerns regarding the proposed budget.
2. **Need For Services**	In the case of new providers and/or new services, is there a demonstrable need for these services? ☐ Yes ☐ No For all applications, provide an explanation below citing need methodology, impact on other existing services, other alternative provider proposals, identified gaps in services, the Local Services Plan, legislative initiatives, etc.
3. **Provider Operational Performance**	Based on the most recent performance review (funded providers) or program deliverables (non-funded providers), is the operational performance of this provider satisfactory? ☐ Yes ☐ No Identify specific examples of operational performance below. If performance is below satisfactory, also indicate if the provider has developed/implemented an acceptable plan of action to correct performance deficiencies.
4. **Character and Competence**	**For new OASAS providers or ownership changes/transfers**, is there any relevant information regarding the proposed applicant(s) or owner(s)? ☐ Yes ☐ No Provide all relevant information below or on additional sheets attached to this report.

5.
 	
Program Location
	a. Describe below the proximity of the proposed site to currently existing certified OASAS programs.
	
	b. In answering this question, the following should be taken in to consideration:
	
	   (a) the nature of the immediate surroundings of the proposed site – residential, commercial, etc. – and will the presence of the program impact this in some way;
	   (b) the potential impact on traffic and parking, including pickup and drop off capability, and accessibility of public transportation, if available; and
	   (c) any other potential impact(s) on the community environment.
	
	(Check only one box.)
	
	☐ I have visited the proposed location. Date of Visit: _____
	☐ I have not visited the proposed location, but have sufficient personal knowledge to attest to its suitability.
	
	Please describe your assessment of the circumstances noted.
	
	c. Have you reviewed and approved the proposed lease? ☐ Yes ☐ No

6. **Current Status of Existing Programs**	Are there any community issues with other programs operated by this provider, or in the case of relocation, this program's current location (i.e., any issues around loitering, public safety, etc.)? ☐ Yes ☐ No Please describe any issues.
7. **Community Response**	Please describe outreach to the local community (e.g., Community Boards, Planning Boards, Neighborhood Coalitions, other local governmental entities). Please summarize community input, including any existing or likely community concerns, as well as any recommendations.
8. **Other Significant Considerations**	Are there other significant considerations that may impact on the approval of the action(s) covered in this application proposal? ☐ Yes ☐ No If "Yes", provide explanation below or on additional sheets attached to this report.

9. **Regional Office Recommendations**	Does this proposal have the recommendation of the Program Manager? ☐ Yes ☐ No	Signature of Program Manager	Date
	Does this proposal have the recommendation of the Regional Coordinator? ☐ Yes ☐ No	Signature of Regional Office Coordinator	Date

10. **District Director Verification and Recommendation**	OASAS Funding Commitment One-Time $ _____ Base Level $ _____ Capital $ _____		
	Does this proposal have the recommendation of the Regional District Director? ☐ Yes ☐ No	Signature of Regional Office District Director	Date