

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

APPENDIX II – STAFF DEPLOYMENT MATRIX – OUTPATIENT TREATMENT SERVICES WITH ADDITIONAL LOCATIONS

Applicant's Legal Name											
Site Address					Service Type						
For each affected site, enter the total number of FTEs for each job title and indicate the percentage of time assigned to staff between the main location and/or the additional location(s). Use additional sheets as necessary.											
Actual Job Title					Total FTEs	Main Site	Additional Location #	Additional Location #	Additional Location #	Additional Location #	
Management	Director of Services										
	Medical Director (if any)										
	Other (Identify)										
DIRECT CARE STAFF	Clinical Services										
	Nursing Services										
	Counseling Services										
	Rehabilitation Services										
	Other										
NON-Direct / Support Staff											

Address of Additional Location #
 Address of Additional Location #
 Address of Additional Location #
 Address of Additional Location #