

OASAS Chemical Dependence Certification Application

New Supportive Living Site (One site per form)

Criteria for using this form (all three must apply)

1. to add a new supportive living site
2. to a currently certified service
3. within the currently certified capacity.

Applicant's Legal Name		
Current Operating Certificate #		
Applicant Contact Information		
Name		
Address		
Telephone No.	Fax No.	
E-Mail Address		
New Site Information		
Apartment #	# of Beds	
Street Address		
City	Zip Code	County
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.		
Required Attachments		
1. Certificate of Occupancy	Included in Attachment	Verified by Field Office
2. Floor Plans Containing		
a. room dimensions		
b. location of doors and windows		
c. location of fire extinguishers		
d. location of beds		
3. Photos		
4. Lease		

Additional Actions Required

Are any currently authorized beds/sites to be deleted from the Operating Certificate? Yes No

If yes, provide the address(es) exactly as it appears on the Operating Certificate.

# of Beds		
Apt. #		
Street		
City		
Zip Code		

Applicant Attestation

I certify that I am authorized by the applicant to request authorization to provide OASAS certified supportive living service(s) at the site(s) identified above. I further certify that, to the best of my knowledge, this site complies with OASAS facility requirements for a supportive living site and that the required documentation is attached.

Signature	Name (Print)
Title (Print)	Date

Local Governmental Unit Approval

I have reviewed this request to add a supportive living site and recommend

Approval Disapproval

Signature	Name (Print)
Title (Print)	Date

Note: The Local Governmental Unit will forward this *signed form*, with attachments to the OASAS Field Office.

OASAS Field Office Approval

I have verified that the criteria for use of the Certification Application are met and that the documents necessary for OASAS' review and decision on this supportive living site are attached.

Program Manager Signature	Name (Print)	Date
Field Office Coordinator Signature	Name (Print)	Date

Note: The Program Manager/Field Office Coordinator will forward three *signed copies* of the Certification Application with attachments to the Bureau of Certification.