NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

APPLICATION SUMMARY

Applicant's Consultation

The Certification Proposal – Prior Consult form (**ATTACHMENT #1A**) **must** be completed and included with the certification application submission as proof of prior consultation with the Local Governmental Unit and Field Office.

Entity/Administrative Headquarters Mailing Address

Applicant's Legal Name			
Street	Room/Suite	Floor	PO Box or Postal Route
City, Town, Village		State **NY**	Zip Code + 4

Summary of Application

Check the appropriate category and provide a brief summary of the purpose for submitting this application.

- ☐ New OASAS Provider
- ☐ Minor Relocation
- ☐ Merger
- ☐ New Sponsor
- ☐ Relocation
- ☐ Transfer of Ownership
- ☐ New Treatment Service
- ☐ Space Expansion
- ☐ Capital Project
- ☐ Capacity Increase
- ☐ Additional Location
- ☐ Change in Ownership Status

Certifications and Assurances

1. a. Authorization to Represent Applicant

For Corporate Entities, include as **ATTACHMENT #1** a signed and dated corporate resolution authorizing the contact person identified on Page 2 of this form to act on its behalf in the preparation of this application and to represent the applicant throughout the certification application process. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the contact person to act on their behalf in the preparation of this application and to represent the applicant throughout the certification application process.

1. b. Authorization of Proposed Action

For Corporate Entities, include as **ATTACHMENT #2** a signed and dated corporate resolution authorizing the proposed action. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the proposed action.

2. Certification of Finders Fees and Other Considerations

I certify, under penalty of perjury, that no fees or other considerations will be paid or tendered to any individual, group, agency or organization for referrals to the services to be provided by this applicant, including payment of the expenses of the referral source incidental to the making of a referral.

Signature of Authorized Representative	Position/Affiliation with Applicant	Date

3. Assumption of Financial Risk – **Non-OASAS Funded Applicants Only**

The applicant certifies and assures that it is prepared to assume (or will continue to assume) any and all financial risk in the development and operation of the services proposed and that sufficient financial resources are available for the start up and continuing operation of such services. The applicant further certifies, under penalty of perjury, and assures that it will not seek OASAS funding for the specific services under the circumstances described in this application.

Signature of Governing Authority Principal	Position/Affiliation with Applicant	Date

4. Certifications by a Principal of the Governing Authority

I certify that I am aware of and will comply with the requirements for operation in accordance with an operating certificate and the obligation to be certified prior to initiating operation of the services proposed in this application. I futher certify, under penalty of perjury, that all the information contained in this application is accurate, true and complete in all material aspects.

Signature of Governing Authority Principal	Position/Affiliation with Applicant	Date

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

APPLICATION SUMMARY

Applicant's Legal Name		
Application Contact Person		
Name of Contact Person		Position/Affiliation with Applicant
Address (Street, City, State, Zip Code)		
Telephone Number	Fax Number	E-Mail Address

Local Support

Include as **Attachment #2A**, a summary and proof of your outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize community input, including any existing or likely community concerns, as well as any recommendations. Include date(s) and the name(s) of the local community officials.

Proximity (miles) to Nearest Community Facility (e.g., School, Religious Center, Child Care Facility)	Type of Facility

Identification of Sites and Services Affected by this Application

☐ None ☐ As Detailed Below

Site #1

Site Address ☐ Not Yet Selected **(New Providers Only)**

Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
			Current	Proposed	Current	Proposed	
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						

Site #2

Site Address ☐ Not Yet Selected **(New Providers Only)**

Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
			Current	Proposed	Current	Proposed	
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						

Site #3

Site Address ☐ Not Yet Selected **(New Providers Only)**

Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
			Current	Proposed	Current	Proposed	
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						
	☐ New ☐ Existing						

*Last 5 digits only

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

PART I – ENTITY INFORMATION

A. Applicant's Legal Name	Applicant's Legal Name, including DBA, as appropriate		
	Proposed Name, including DBA, as appropriate		
B. Type of Entity	Current Entity Type (if any) ☐ Individual Proprietorship ☐ Business Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Public Agency ☐ State ☐ County ☐ Municipality ☐ Public Benefit Corp. ☐ Not-for-Profit Corporation ☐ Other (specify) _____		
	Proposed Entity Type ☐ Individual Proprietorship ☐ Business Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Public Agency ☐ State ☐ County ☐ Municipality ☐ Public Benefit Corp. ☐ Not-for-Profit Corporation ☐ Other (specify) _____ *Include as **ATTACHMENT #3** appropriate establishment documentation per instructions.*		
C Entity Identification	(All Entities)	OASAS Provider # (if assigned)	Social Security # or Employer ID #
	(Not-for-Profit Entities Only)	NYS Charities Registration # *Include as **ATTACHMENT #4** a copy of the letter of registration or exemption letter, as appropriate.*	Documentation of Tax Exempt Status *Include as **ATTACHMENT #5** a copy of the most recent IRS Tax Exemption Letter, if applicable.*
D. Entity Licenses, Certifications and Accreditations	Check Each License, Certification and/or Accreditation Held (include out-of-state licenses, etc. in "Other") ☐ NYS Office of Mental Health ☐ NYS Office of People With Developmental Disabilities ☐ NYS Department of Health ☐ NYS Office of Children and Family Services ☐ NYS Department of Education ☐ The Joint Commission ☐ Council on Accreditation of Rehabilitation Facilities ☐ Other (specify) _____ _____ _____ *Include as **ATTACHMENT #6** a copy of all current licenses, operating certificates and/or accreditation checked above.*		
E. Entity Experience in Chemical Dependence Services	*As outlined in Part 810 – Certification of Providers of Chemical Dependence Services of the OASAS Operating Regulations, specifically Section 810.7(a)(6), owners or principals of the applicant must demonstrate and substantiate prior experience providing or managing substance use disorder treatment services. Include as **Attachment #7**, the identification of the owners/principals listed in Part 1, Section F, who have prior experience in providing chemical dependence services, including alcoholism and substance abuse services, along with other human services, and a brief description of their experience. Include in the attachment the applicant's most recent annual report.*		

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

PART I – ENTITY INFORMATION

Applicant's Legal Name

F.

List all current members of the Governing Authority

As appropriate to the type of entity, provide information below on: (1) each individual owner, (2) each partner of a partnership or limited liability partnership, (3) each member of the board of directors of a not-for-profit corporation or (4) each governing body member or holder of voting rights of a business corporation or limited liability company ***and*** each principal stockholder (i.e., non-governing body stockholder controlling 10% or more of the stock) of the business corporation or limited liability company.

Each governing authority member/principal stockholder listed must complete, sign and date the Governing Authority Questionnaire provided in Appendix I.

Entity Governing Authority and Principal Stockholders (Non-Governmental Entities Only)

Name of Member (M) and/or Principal Stockholder (S) **Note: A check mark in the box indicates inclusion of the Governing Authority Questionnaire**	M or S	Social Security # or Employer ID #.	Required for Members/Principal Stockholders of Business Corporations/LLCs Only			
			Stock Held or Share of Distributions		Voting Rights Held	
			Shares Held	Percent	Amount	Percent

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE

Applicant's Legal Name		
Personal Information		
Name of Governing Authority Member/Principal Stockholder	Title or Affiliation with Entity	Business or Profession
Street Address/PO Box	Date of Birth	Place of Birth
City, Town, Village	State and Zip Code +4	Telephone Number

A. **Current Professional Credentials (Certificate and Licenses Held)**				
	Profession	Certificate/License No.	Profession	Certificate /License No.
	Grantor Agency	City or State of	Grantor Agency	City or State of
	Specialty	Date Issued	Specialty	Date Issued
	Term (Month/Day/Year) From:	To:	Term (Month/Day/Year) From:	To:

Have you ever been the subject of a complaint or inquiry before any board, agency committee, regulatory body or licensing authority regarding professional misconduct? ☐ Yes ☐ No

*If **"Yes",** prepare and append an attachment labeled "**Section A**", which describes the circumstances of the complaint or inquiry. Include, at a minimum, the date of the incident/episode, the type of complaint or subject of the inquiry, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode.*

B. **Formal Education Beyond High School (if applicable)**	Dates Attended (Month/Year)		Name and Location of Institution	Degree (if any)
	From	To		

C. **Employment History (Covering the Past 10 Years)**	Dates (Month/Year)		Name and Location of Employer	Title/Position
	From	To		

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE (CONTINUED)

Applicant's Legal Name

Name of Member/Stockholder

D. Chemical Dependence, Health & Human Services Clinical/ Administrative Education and Training

As outlined in Part 810 – Certification of Providers of Chemical Dependence Services of the OASAS Operating Regulations, specifically Section 810.7(a)(6), owners or principals of the applicant must demonstrate and substantiate prior experience providing or managing substance use disorder treatment services.

Dates Attended (Month/Year)		Type of Training/Course Name	Name/Location of Training Institution	Hours Credited
From	To			

E. Governing Authority Member/Principal Stockholder Interest in an Entity Currently (or to be) Regulated by a NYS Agency

Dates (Month/Year)		Name and Location of Entity	Interest Held
From	To		

F. Record of Legal Action

1. Have you ever been convicted of a felony? ☐ Yes ☐ No
2. Are there any criminal actions pending against you or other members of a governing authority of an organization in which you have an interest? ☐ Yes ☐ No
3. Have you ever been a party to or involved in a hearing on the operation of a home, facility or institution caring for people before a court or administrative agency of government? ☐ Yes ☐ No

If the answer to any of the above questions is **"Yes"**, prepare and append an attachment labeled **"Section F"** to this form, which describes the conviction and/or charges. Include, at a minimum, the date of the incident, the type of offense or subject of the hearing, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode. Include with the attachment a copy of the "Certificate of Relief from Disabilities" or "Certificate of Good Conduct" or other notice of change in the disposition.

G. Certification, Consent to Release Information and Signature

I certify, under penalty of perjury, that the information presented in this form is accurate, true and complete in all material aspects. Furthermore, in signing this document, I hereby authorize the above-named grantor agencies, schools, training institutions, employers, facilities, administrative entities and/or courts to release to the Office of Alcoholism and Substance Abuse Services any and all information regarding my credentials, education and training, employment, offices held and legal proceedings.

_____ _____

Signature of Governing Authority Member/Principal Stockholder **Date**

OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION
Appendix IV Character and Competence Applicant Review

INSTRUCTIONS

Completion and Certification: The person(s) completing the questionnaire must be knowledgeable about the Applicant's business and operations. An owner or officer must certify this questionnaire and the signature must be notarized.

Responses: Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law.

Applicant Entity: Each Applicant must indicate if the questionnaire is filed on behalf of the proposed operator of an OASAS-certified facility or as a subsidiary of another business entity.

Closely Allied Entities: A "Closely Allied Entity" is an entity as defined in Section 25.06(c) of the Mental Hygiene Law.

I. Applicant Information	
1.0	The Applicant for this questionnaire is: ☐ a. the proposed OASAS-certified facility operator, or ☐ b. a business entity which exercises governance authority over another legal business entity which will be the proposed OASAS-certified facility operator. c. Describe the lines of authority or attach an organizational chart. Applicant's Legal Name
1.1	Does the Applicant have any Affiliates? ☐ Yes ☐ No If no, proceed to Question # 1.9; if yes, explain (*attach a separate sheet, if necessary, identifying the numbered response, include the Applicant's name on all sheets*).
1.2	Affiliate's Name
1.3	Affiliate's EIN
1.4	Affiliate's Primary Business Activity
1.5	Explain relationship with the Affiliate and indicate percent ownership, if applicable. (Enter N/A if not applicable) %
1.6	Are there any business entity officials or principal owners that the Applicant has in common with this Affiliate? ☐ Yes ☐ No If yes, explain.
1.7	If yes to Question # 1.6, provide the individual's name

1.8	If yes to Question # 1.6, provide the individual's Position/Title with Affiliate.
1.9	Does the Applicant have any Closely Allied Entities as defined in Mental Hygiene Law §25.06(c)? ☐ Yes ☐ No (If no, proceed to Question # 1.13)
1.10	Within the past five (5) years, has any Closely Allied Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: a) any business-related activity? ☐ Yes ☐ No b) any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? ☐ Yes ☐ No *If yes to either a) or b), attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the individual involved, his/her title and role in the Closely Allied Entity, his/her relationship to the Applicant, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).*
1.11	Does any Closely Allied Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC Filings) over $25,000? ☐ Yes ☐ No If yes, provide an explanation of the issue(s), identify the Closely Allied Entity's name(s), EIN(s), primary business activity, relationship to the Applicant, relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Attach additional sheets if necessary; ensure all answers are clearly marked and include the Applicant's name on each additional sheet.
1.12	Within the past five years, has any Closely Allied Entity: a) been disqualified, suspended or debarred from any federal, State, City or other local government contracting process? ☐ Yes ☐ No b) been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City or New York local government entity? ☐ Yes ☐ No c) been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or new York local government contract? ☐ Yes ☐ No d) been the subject of an investigation, whether open or closed, by any federal, New York State, New York City or New York local government entity for a civil or criminal violation with a penalty in excess of $500,000? ☐ Yes ☐ No e) been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? ☐ Yes ☐ No f) been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City or New York local government entity? ☐ Yes ☐ No g) initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? ☐ Yes ☐ No *For each yes answered above, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), identify the Closely Allied Entity's name(s), EIN(s), primary business activity, relationship to the Applicant, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).*
1.13	Will any of the proposed in this application be provided by an organization other than the Applicant through a management services contract, employment contract or clinical services contract? ☐ Yes ☐ No If yes, provide an explanation of the contract(s), including the names of the individuals or entities providing the services. Attach a separate sheet, if necessary, identifying each numbered response and include the Applicant's name on all sheets.

Instructions For Sections II Through IX

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation by attaching additional sheets with numbered responses, including the Applicant name on all sheets.

II. Legal Business Entity Information

New York State Vendor Identification Number	Applicant's Website (if applicable)

Additional Legal Business Entity Identities. If applicable, list any other DBA, trade name, former name, other identity, or EIN used in the last five (5) years and the status (active or inactive).

Type	Type	Type
Name	Name	Name
EIN	EIN	EIN
Status ☐ Active ☐ Inactive	Status ☐ Active ☐ Inactive	Status ☐ Active ☐ Inactive

2.0	Is the Applicant business entity publicly traded? ☐ Yes ☐ No If yes, provide the CIK Code or Ticker Symbol
2.1	Does the Applicant have a DUNS Number? ☐ Yes ☐ No If yes, enter the DUNS Number
2.2	Is the Applicant's principal place of business/executive office: ☐ Owned ☐ Rented ☐ Other Owner's name (if Closely Allied Entity) Landlord's name Explain
	Is space shared with another Business entity? ☐ Yes ☐ No If yes, identify: • name of entity • address (including City, State and Zip Code)

III. Leadership Integrity

Within the past five (5) years, has any current or former official of Applicant or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Applicant with any government entity been:

3.0	Sanctioned relative to any business or professional permit and/or license? ☐ Yes ☐ No ☐ Other
3.1	Suspended, debarred or disqualified from any government contracting process? ☐ Yes ☐ No ☐ Other
3.2	The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct? ☐ Yes ☐ No ☐ Other
3.3	Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: a) any business-related activity? ☐ Yes ☐ No ☐ Other b) any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? ☐ Yes ☐ No ☐ Other
	For each yes answer for Question #'s 3.0-3.3, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

IV. Integrity – Contract Bidding

4.0	Within the past five (5) years, has the Applicant held any contracts with New York State government entities? ☐ Yes ☐ No If yes, identify the Contract Number, Agency Name, Amount, Contract Start Date, Contract End Date and the Contract Description.
4.1	Within the past five (5) years, has the Applicant been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to debarment for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law? ☐ Yes ☐ No
4.2	Within the past five (5) years, has the Applicant been subject to a denial or revocation of a government prequalification? ☐ Yes ☐ No
4.3	Within the past five (5) years, has the Applicant been denied a contract award or had a bid rejected based upon a non-responsibility finding by a government entity? ☐ Yes ☐ No
4.4	Within the past five (5) years, has the Applicant agreed to a voluntary exclusion from bidding/contracting with a government entity? ☐ Yes ☐ No
4.5	Within the past five (5) years, has the Applicant initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity? ☐ Yes ☐ No

For each yes answer for Question #'s 5.0 – 5.2, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issues(s).

V. Integrity – Contract Award

5.0	Within the past five (5) years, has the Applicant or any Affiliate of Applicant been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding? ☐ Yes ☐ No
5.1	Within the past five (5) years, has the Applicant or any Affiliate of Applicant been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract? ☐ Yes ☐ No
5.2	Within the past five (5) years, has the Applicant or any Affiliate of Applicant entered into a formal monitoring agreement as a condition of a contract award from a government entity? ☐ Yes ☐ No

For each yes answer for Question #'s 4.0 – 4.5, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

VI. Certifications/Licenses

6.0	Within the past five (5) years, has the Applicant or any Affiliate of Applicant had a revocation, suspension or disbarment of any business or professional permit and/or license? ☐ Yes ☐ No *If yes, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).*

VII. Legal Proceedings

7.0	Within the past five (5) years, has the Applicant been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation? ☐ Yes ☐ No
7.1	Within the past five (5) years, has the Applicant been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? ☐ Yes ☐ No

7.2	Within the past five (5) years, has the Applicant received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful? ☐ Yes ☐ No
7.3	Within the past five (5) years, has the Applicant had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law? ☐ Yes ☐ No
7.4	Within the past five (5) years, has the Applicant entered into a consent order with the New York State Department of Environmental Conservation or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws? ☐ Yes ☐ No
7.5	Within the past five (5) years, has the Applicant, other than previously disclosed: a) been subject to the imposition of a fine or penalty in excess of $1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination? ☐ Yes ☐ No b) been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity? ☐ Yes ☐ No

For each yes answer for Question #'s 7.0 – 7.5, attach a separate sheet identifying each numbered response, include the Applicant's name on all sheets and provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s).

VIII. Financial and Organizational Capacity

8.0	Within the past five (5) years, has the Applicant received any formal unsatisfactory performance assessment(s) from any government entity on any contract? ☐ Yes ☐ No
8.1	Within the past five (5) years, has the Applicant had any liquidated damages assessed over $25,000? ☐ Yes ☐ No
8.2	Within the past five (5) years, have any liens or judgments (not including UCC filings) over $25,000 been filed against the Applicant which remains undischarged? ☐ Yes ☐ No
8.3	In the last seven (7) years, has the Applicant initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? ☐ Yes ☐ No If yes, provide a. the bankruptcy chapter number b. the court name c. the docket number. Current status of the proceedings ☐ Initiated ☐ Pending ☐ Closed
8.4	During the past three (3) years, has the Applicant failed to file or pay any tax returns required by federal, state or local tax laws? ☐ Yes ☐ No If yes, provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the Applicant failed to tile/pay and the current status of the tax liability.
8.5	During the past three (3) years, has the Applicant failed to file or pay any New York State unemployment insurance returns? ☐ Yes ☐ No If yes, provide the years the Applicant failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s).
8.6	During the past three (3) years, has the Applicant had any government audit(s) completed? ☐ Yes ☐ No If yes, a. did any audit of the Applicant identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance? ☐ Yes ☐ No *If yes to Question # 8.6 a., attach a separate sheet, identifying the numbered response, and provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or correction action(s) taken and the current status of the issue(s).*

IX. Certification

The undersigned:

1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State OASAS in making responsibility determinations regarding the certification of the Applicant as an authorized provider of chemical dependence services in New York;

2) recognizes that OASAS will rely on information disclosed in the questionnaire in making character and competence determinations and in approving the character and competence of potential providers of services;

3) acknowledges that OASAS may, in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and

4) acknowledges that intentional submission of false or misleading information may result in a finding of non-responsibility and unacceptable character and competence to grant an operating certificate.

The undersigned certifies that he/she:

a. is knowledgeable about the Applicant's business and operations;

b. has read and understands all of the questions contained in the questionnaire;

c. has not altered the content of the questionnaire in any manner;

d. has reviewed and/or supplied full and complete responses to each question;

e. to the best of his/her knowledge, information and belief, confirms that the Applicant's responses are true, accurate and complete, including all attachments, if applicable;

f. understands that OASAS will rely on the information disclosed in the questionnaire when deciding to certify the Applicant; and

g. is under obligation to update the information provided herein to include any material changes to the Applicant's responses at the time application's submission through the notification of certification, and may be required to update the information at the request of OASAS prior to the granting of an operating certificate, or during the term of such certificate.

Signature of Applicant's Owner or Officer (Must be notarized)	Printed Name of Signatory	
Title of Signatory	Full Address (Street, City, State, Zip Code)	
Telephone Number	Fax Number	E-Mail Address

Sworn to before me this _____ of _____ 20 ____
(Day) (Month) (Year)

Notary Public

OASAS Criminal Background Check Unit, Counsel's Office 1450 Western Avenue Albany NY 12203 Fax: 518-485-2335 Email: cbc@oasas.ny.gov	**CERTIFICATION** **Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)** **(Appendix V)**	**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

Part 1. Certification Applicant Information (Please Print)

Last Name	First Name	MI
Date of Birth	Social Security Number	
Applicant address		

Certification Application Type

☐ New OASAS Provider ☐ Transfer of Ownership ☐ Change in Ownership Status

Part 2. Attestation

1. I have been advised that as part of the application process, the law requires the NYS Office of Alcoholism and Substance Abuse Services (OASAS) to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes OASAS to review and evaluate the results of the criminal history information check received by DCJS and FBI. A conviction for certain crimes may make me ineligible for certification.
2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to OASAS reviewing the NYS and FBI criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for credentialing, or for certification as a natural person operator.
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for credentialing or certification as a natural person operator, without prejudice, any time before credentialing or certification as a natural person operator is offered or declined, regardless of whether OASAS has reviewed any criminal history information.
5. I have been advised that the results of the criminal history information check forwarded to OASAS by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making certification determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)

   ☐ have been convicted of a crime in New York State or any other jurisdiction.

   ☐ have pending arrest charges.

   If checked, provide details:

8. I have been advised that my social security number is being requested so that OASAS may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Registry and that such check is required by Social Services Law §495 and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the certification applied for.

Applicant Signature	Date

Part 3. OASAS Authorized Person Information (For Office Use Only)

Name	Title
Signature	