

# Children's SPA Services

## Application Instructions for Entities Unknown to the Office of Alcoholism and Substance Abuse Services (OASAS)

### Application Summary Instructions – Page 1

**Applicant's Consultation** – Attachment 1A is not required for entities who want to provide Children's SPA Services.

- **Applicant's Legal Name**

Enter the applicant's legal name as it appears on the legal documentation establishing the entity, i.e., incorporation papers, partnership agreement, legal resolutions, etc. The legal name entered on the form **must** be identical to the name appearing on the legal documentation. Please note that the application cannot be accepted if the legal name does not **exactly** correspond to the legal documentation for establishment submitted with the application.

- **Entity Administrative Headquarters Mailing Address**

Enter the complete mailing address of the entity's administrative offices.

**Summary of Application** - is not required for entities who want to provide Children's SPA Services.

### **Certifications and Assurances Instructions**

Under penalty of perjury, the following signatures are affixed, where appropriate, to certify and assure that:

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 the Application Summary 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(s) 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(s) must include a signed and dated statement authorizing the proposed action.
2. **Certification of Finder's Fee and Other Considerations** - The applicant certifies, as represented by the signatory principal of the governing authority or authorized representative, that the applicant has not paid or offered, or will not pay or offer, a fee or any other consideration for referrals to the services to be provided by the applicant.
3. **Assumption of Financial Risk – Non-OASAS Funded Applicants Only** - The applicant will assume (or will continue to assume) any and all financial risk in the development and/or operation of the services proposed in the application and verifies/certifies that sufficient financial resources are available for the start-up and/or continuing operation of such services described, and will not seek OASAS funding for these services under the circumstances described in the application. This certification applies **only** to applicants that are **not** seeking OASAS funding.

4. **Certifications by a Principal of the Governing Authority** - The applicant, as represented by the signatory principal of the governing authority, agrees to comply with operational requirements in accordance with an Operating Certificate (OC), including the requirement not to provide services in the absence of an OC and that the information contained in the application is accurate, true and complete in all material aspects.

## Application Summary Instructions – Page 2

- **Applicant's Legal Name**

Enter the applicant's legal name as entered on Page 1.

- **Application Contact Person**

Identify the individual selected by the applicant to be contacted regarding the information contained in the application. The information must include the contact person's telephone, fax number, and e-mail address. The contact person identified on Page 2 must be the same person identified in the Board Resolution or Owner's statement. Any change regarding the contact person must be submitted to the Bureau of Certification in writing.

**Local Support** – Attachment #2A is not required for entities who want to provide Children's SPA Services.

**Identification of Sites and Services Affected by this Application** – is not required for entities who want to provide Children's SPA Services.

### **Part I – Entity Information Instructions**

#### **A. Applicant's Legal Name**

Enter the applicant's legal name **exactly** as it appears on the legal documentation establishing the entity, i.e., incorporation papers, partnership agreement, legal resolutions, etc. If applicable, enter the applicant's "Proposed Name". Include any "doing business as" (dba) name(s) for each, if applicable. If the application is modifying the powers of an existing entity to provide certified chemical dependence treatment services, then use the "Current Name" space. If an existing provider is changing its legal name, then complete both sections on the form.

#### **B. Type of Entity**

Select the appropriate current entity type. Select the appropriate proposed entity type. If the applicant is seeking to establish a new entity, enter the information in the "Proposed Entity Type" section of the form only. If the applicant seeks to modify the powers of an existing entity to provide chemical dependence treatment services, then complete the "Current Name" section on the form. If an existing provider is changing the type of entity under which it operates as required by Title 14 NYCRR Part 810, then complete both the "Current Entity Type" and the "Proposed Entity Type" sections of the form.

All applicants must include as **Attachment #3** appropriate establishment or proposed establishment documentation as specified in **Exhibit A** of these instructions.

#### **Corporate Entities**

Section 32.31 of the Mental Hygiene Law, Section 406 and Section 407 of the Business Corporation Law and Section 404(u) of the Not-for-Profit Corporation Law require OASAS approval of any Certificates of Incorporation, or Amendment thereto, which has among its purposes the establishment or operation of any facility proposing to provide chemical dependence, alcoholism or substance abuse services or to

solicit contributions for any such purpose.

OASAS has made the process for obtaining approval of amended incorporation documents coincide with the process for obtaining OASAS approval for the provision of certifiable chemical dependence services through the application. Upon receiving OASAS consent to file, the amended incorporation papers are forwarded by the applicant or the applicant's representative to the New York State Department of State for filing, except in the case of not-for-profit entities that also require approval from the Justice of the Supreme Court of the Judicial District in which the corporate offices (will) reside, prior to filing with the Department of State.

OASAS requires that corporate entities include the following statement of purpose in their amended incorporation papers:

**“To operate chemical dependence, alcoholism and/or substance abuse services, within the meaning of Articles 19 and 32 of the Mental Hygiene Law and the Rules and Regulations adopted pursuant thereto as each may be amended from time to time, which shall require as a condition precedent before engaging in the conduct of any such services an Operating Certificate from the New York State Office of Alcoholism and Substance Abuse Services.”**

### C. Entity Identification

#### **OASAS Provider #**

Enter the unique five-digit number assigned by OASAS to each provider of chemical dependence services. Applicants who are new entities to OASAS should leave this item blank; OASAS will assign a Provider # when the OC is issued in conjunction with the issuance of instructions for reporting client data.

#### **Social Security # or Employer Identification # (EIN)**

Enter, as appropriate, the Social Security # or the Employer Identification # (EIN) of the individual or other entity under which federal tax returns are filed.

#### **NYS Charities Registration #**

Applicants that are not-for-profit entities are also required to submit information and documentation regarding their registration or exemption as a charitable entity and tax exemption status. Enter the NYS Charities Registration #. If exempt, select “Exempt.” Include as **Attachment #4** a copy of the letter of registration or the letter of exemption received from the State of New York.

#### **Tax Exemption Status**

Include as **Attachment #5** the most recent letter from the Internal Revenue Service documenting the tax-exempt status of the not-for-profit entity.

### D. Entity Licenses, Certifications and Accreditations

Select the organizations from which the applicant holds licenses, OCs, accreditations or other comparable credentials. List non-New York State credentials, if any, in “Other”. Include as **Attachment #6** a copy of all current licenses, OCs, accreditations and/or other comparable documents.

### 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 with **Attachment #7** a copy of the applicant's most recent annual report.

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

Provide a complete listing of all current members of the applicant's governing authority, the individual or group of individuals responsible for policy formulation and operational oversight. This may exist as an executive committee, board members, directors, or other governance body. For applicants that are business corporations, also list each non-governing authority shareholder controlling 10 percent or more of the corporation's stock. List each individual's name (first, middle initial, last), designate the individual as "M" for governing authority member or "S" for principal stockholder, as appropriate, and list the individual's social security number or employer identification number, as appropriate. For applicants that are business corporations, enter the number of shares of stock, distributions, and/or voting rights held by each member or principal stockholder; and the percentage held for the preceding by each member or principal stockholder. If none, enter "0."

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

**APPENDIX I - Governing Authority Questionnaires Instructions**

A completed **Governing Authority Questionnaire (Appendix I)** is required for each person listed in Part I, Section F - Entity Governing Authority and Principal Stockholders. It is used to assess the character and competence of the individuals who will provide oversight and exercise policy-making responsibilities on behalf of the applicant.

Individuals completing the Questionnaire are required, in the Questionnaire, to certify to the accuracy and truth of the information provided and to execute a release allowing OASAS to obtain verification/clarification from grantor agencies, educational institutions, employers, human services agencies and courts regarding the information provided.

**APPENDIX IV – Character and Competence Applicant Review Instructions**

The person completing this questionnaire must be knowledgeable about the Applicant's business and operations and 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. Every question must be answered and each response must provide all relevant information which can be obtained within the limits of the law.

**An owner or officer must certify this questionnaire and the signature must be notarized.**

Specific instructions are included on the Appendix IV. Attach additional sheets if necessary, ensuring each response corresponds to the correct numbered question and includes the Applicant's legal name.

## APPENDIX V – Criminal Background Check Instructions

Effective June 30, 2013, all individuals applying to become a new OASAS certified provider of addiction treatment services are subject to a criminal background check, as required by New York State law.

If the applicant is a not-for-profit entity, the individuals who sign and/or submit the application are subject to the criminal history review. If the applicant is a for-profit entity, all individuals with an ownership interest are subject to the criminal history review.

The [Certification – Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check \(TRS-54\)](#) **must** be completed and submitted with the application by applicants seeking OASAS approval for: 1) a new provider of chemical dependence services; or 2) a change in ownership status. For proprietary providers, any individual with ownership interest must complete the background check process. Not-for Profit entities must complete the background check process for every individual signing the application. An application received by the Bureau of Certification without the proper Criminal Background Consent form(s) will be returned.

### Criminal Background Check Process

To begin the criminal background check process:

1. Visit the MorphoTrust website at <https://uenroll.identogo.com> and enter the OASAS Service Code 154749 to schedule an appointment to have your fingerprints taken. When you click on the schedule or manage appointment link, you will have to enter the OASAS Certification Provider Number – C9999.

The screenshot shows a web form titled 'Additional Info' within a multi-step process. The steps are: Essential Info, Eligibility, Additional Info (current), Citizenship, Personal Questions, and Personal Info. A 'Required Fields' indicator is present. The form contains the following sections:

- Agency Identifiers**
  - \* Have you completed the Staff Exclusion List check? (Radio buttons: Yes, No)
  - \* Applicant Type (Dropdown: Direct Service Provider)
  - \* Hiring Category (Dropdown: New Hire)
  - \* Position Category (Dropdown: Administration)
  - \* Job Duties (Text area with instructions: "Please enter detailed information about the job duties that indicate how the applicant will have direct and substantial unsupervised contact with persons receiving services/care and to what degree.")

At the bottom, there are buttons for 'Cancel', 'Back', and 'Next'.

Problems with the MorphoTrust website may be directed to **1-877-472-6915**.

2. Arrive at the fingerprint collection site at the time of your appointment and submit your fingerprints. You must provide two forms of identification. Information on acceptable forms of identification is available on the MorphoTrust website.
3. OASAS will be notified of your submission and will conduct your criminal history background check.

If you have a criminal history, we encourage you to **provide evidence of rehabilitation** and good conduct to assist OASAS' Counsel's Office with the review of your criminal history information. Examples of evidence of rehabilitation and good conduct include, but are not limited to, the following:

- Certificate of Relief or Certificate of Good Conduct;
- letters of recommendation;
- education achievements; and
- certificates of completion of treatment or rehabilitation programs.

Evidence of rehabilitation may be submitted to OASAS Counsel's Office by facsimile at (518) 485-2335 or by e-mail at [cbc@oasas.ny.gov](mailto:cbc@oasas.ny.gov). **Please do not send this information to the Certification Bureau.**

Included with this packet is a copy of the "*Criminal History Background Checks Personal Criminal History Information Review*" which explains your right to obtain, review, and correct your criminal background history. Also included is a copy of Article 23-A of the Correction Law (page 32) which lists the factors that OASAS will consider when reviewing your criminal history.

Any further questions relative to the criminal background review may be directed to the OASAS Criminal Background Check Unit at: [cbc@oasas.ny.gov](mailto:cbc@oasas.ny.gov).

## **PERSONAL CRIMINAL HISTORY INFORMATION REVIEW**

### **"HOW TO OBTAIN A COPY OF YOUR CRIMINAL HISTORY INFORMATION FOR YOUR OWN RECORDS"**

**IMPORTANT:** This information will NOT be sent to the Office of Alcoholism and Substance Abuse Services (OASAS). If an OASAS provider or the OASAS Certification Unit requires that you are fingerprinted, you must use the OASAS Service Code at MorphoTrust so the results are sent to the OASAS provider or the OASAS Certification Unit.

The process below outlines the process for you to request a copy of your criminal history information (NYS and FBI) for your personal use. **OASAS cannot accept criminal history information directly from applicants."**

#### **NYS Division of Criminal Justice Services**

Pursuant to 9 New York Code of Rules and Regulations Part 6050 the NYS Division of Criminal Justice Services (DCJS) an individual, or an individual's attorney who has been authorized in writing, may obtain either a copy of all criminal history information maintained on file at DCJS pertaining to himself/herself, or a response indicating that there is not criminal history information on file. The individual may also challenge the accuracy of the information through procedures established by DCJS. To obtain further information on the criminal history review process, please visit the DCJS website at: [criminaljustice.ny.gov/ojis/recordreview.htm](http://criminaljustice.ny.gov/ojis/recordreview.htm).

This section outlines the process for a prospective applicant to request a copy of NYS criminal history maintained by DCJS.

1. Contact MorphoTrust USA (formerly known as L-1 Identity Solutions) – a vendor under a state contract – by calling 1-877-472-6915 (toll free number) or by visiting their website at <https://uenroll.identogo.com> to schedule an appointment for fingerprinting.
2. The Request for MorphoTrust USA Fingerprinting Services – NYS Division of Criminal Justice Services Record Review Program" form describes the information that will be requested when you schedule the appointment.

3. In completing that information, please note:
  - a. The Record Review ORI Number: NYDCJSPRY must be listed.
  - b. You may request that your response be sent to your attorney rather than yourself.
  
4. When you arrive for your fingerprinting appointment, you must:
  - a. Provide two forms of identification (information on acceptable forms are available on the MorphoTrust USA website or from the MorphoTrust USA Call Center; **and**
  - b. Pay the fee for fingerprinting services using a personal or business check, certified check, bank check, money order, cash, or credit card made out to "MorphoTrust USA" or "L-1 Enrollment Services."

### **FBI Identification Record**

The United States Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own Record for review. Only the subject of the identification record can request a copy of his own FBI Identification Record for personal review or to challenge the information on the Record. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

This section outlines the process for a prospective applicant to request a copy of their FBI Identification Record for personal review or to challenge information on the Record.

**Requests for review of an FBI Identification Record** must be mailed on signed cover letters provided by the FBI along with proof of identity (set of fingerprints) and payment to:

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306.

To obtain all necessary information regarding these requests, visit <http://fbi.gov/hq/cjisd/fprequest.htm>

**Challenging information contained on an FBI Identification Record**, often referred to as a Criminal History Record or Rap Sheet, is a listing of certain information taken from fingerprint submission retained by the FBI in connection with arrests and, in some instances, federal employment, naturalization, or military service. If the fingerprints are related to an arrest, the Identification Record includes name of the agency that submitted the fingerprints to the FBI, the date of arrest, the arrest charge, and the disposition of the arrest, if known to the FBI. An individual may challenge the information contained in the FBI Identification Record by contacting the original agency that submitted the information to the FBI or the state central repository in the state in which the arrest occurred. These agencies will be able to furnish the guidelines for correction of the Record. The FBI is not authorized to modify the Record without written notification from the appropriate criminal justice agency.

### **Article 23-A – Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses**

750. Definitions.
751. Applicability.
752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.
753. Factors to be considered concerning a previous criminal conviction; presumption.
754. Written statement upon denial of license or employment.
755. Enforcement.

### **§ 750. Definitions.**

For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§ 751. Applicability.**

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.



**§ 753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§ 754. Written statement upon denial of license or employment.**

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§ 755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

## EXHIBIT A

### ENTITY ESTABLISHMENT DOCUMENTATION

TYPE OF ENTITY	STATUS	ACTION	DOCUMENTATION REQUIREMENT
<b>Individual Proprietor</b>	New/Existing	Establish	<ul style="list-style-type: none"> <li>A copy of the Business Certificate (D/B/A) (to be) filed with the County Clerk or other municipal official.</li> </ul>
		Acquire an Existing OASAS- Established Entity	<ul style="list-style-type: none"> <li>In addition to the above, a proposed contract of sale.</li> </ul>
<b>Partnership</b>	New/Existing	Establish	<ul style="list-style-type: none"> <li>A copy of the new/existing partnership agreement. If appropriate, a copy of the Business Certificate (D/B/A) (to be) filed with the County Clerk or other Municipal official.</li> </ul>
		Acquire an Existing OASAS- Established Entity	<ul style="list-style-type: none"> <li>In addition to the above, a proposed contract of sale.</li> </ul>
<b>Limited Liability Partnership</b>	New/Existing	Establish	<ul style="list-style-type: none"> <li>A copy of the new/existing limited liability partnership agreement. If appropriate, a copy of the Business Certificate (D/B/A) (to be) filed with the County Clerk or other Municipal official.</li> </ul>
		Acquire an Existing OASAS- Established Entity	<ul style="list-style-type: none"> <li>In addition to the above, a proposed contract of sale.</li> </ul>
<b>Business Corporation or Limited Liability Company</b>	New	Establish	<ul style="list-style-type: none"> <li>An original of the Certificate of Incorporation (Certificate) for a Business Corporation or Articles of Organization (Articles) for a Limited Liability Company containing the required purpose statement. (See Page 2) The original of the Certificate/Articles must contain the signature(s) of the organizer(s), and the signature(s) must be notarized. If appropriate, a copy of the Business Certificate (D/B/A) (to be) filed with the Department of State.</li> </ul>
	Existing	Amend	<ul style="list-style-type: none"> <li>A copy of the initial Certificate/Articles filed with the New York Secretary of State and any subsequent amendments to the Certificate/Articles that have been filed to modify the original Certificate/Articles.</li> <li>A copy of the current Bylaws.</li> <li>A notarized copy of the governing authority's resolution authorizing an Amendment to the Certificate/Articles which adds the authority to provide chemical dependence services, including alcohol and/or substance abuse services. The original of the proposed Certificate/Articles of Amendment containing the required purpose statement (See Page 2 of Exhibit B).</li> <li>The original Certificate/Articles of Amendment must contain the signature(s) of the governing authority members authorized to file, and the signature(s) must be notarized.</li> </ul>
	New/ Existing	Acquire an Existing OASAS- Established Entity	<ul style="list-style-type: none"> <li>In addition to the above, as appropriate, a proposed contract of sale.</li> </ul>

## EXHIBIT A

TYPE OF ENTITY	STATUS	ACTION	DOCUMENTATION REQUIREMENT
<b>Not-for Profit Corporation</b>	New	Establish	<ul style="list-style-type: none"> <li>• An original of the Certificate of Incorporation containing the required purpose statement (See below). The original of the Certificate of Incorporation must contain the signature(s) of the incorporator(s), and the signature(s) must be notarized. In addition, the incorporation documents must include the following exclusionary clause: <i>“Nothing herein shall authorize this corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Section 404 (a-u) of the New York State Not-for-Profit Corporation Law except to the extent that such purposes or activities have been expressly approved via a Certificate or Consent to filing.”</i></li> <li>• If appropriate, a copy of the Business Certificate (D/B/A) (to be) filed with the Department of State.</li> </ul>
	Existing	Amend	<ul style="list-style-type: none"> <li>• A copy of the initial Certificate of Incorporation filed with the New York Department of State and any subsequent amendments to the Certificate that have been filed to modify the original Certificate. .</li> <li>• A copy of the current Bylaws. .</li> <li>• A notarized copy of the governing authority's resolution authorizing an Amendment to the Certificate which adds the authority to provide chemical dependence services, including alcohol and/or substance abuse services.</li> <li>• The original of the proposed Certificate of Amendment containing the required purpose statement (See Below). The original Certificate of Amendment must contain the signature(s) of the governing authority members authorized to file, and the signature(s) must be notarized. In addition, the Incorporation documents must include the following exclusionary clause, <i>“Nothing herein shall authorize this corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Section 404 (a-u) of the New York State Not-for-Profit Corporation Law except to the extent that such purposes or activities have been expressly approved via an Operating Certificate or Consent to File.”</i></li> </ul>
	New/Existing	Acquire an Existing OASAS-Established Entity	<ul style="list-style-type: none"> <li>• In addition to the above, as appropriate, a proposed contract of sale.</li> </ul>
<b>Public Agency</b>	New/Existing	Establish/Amend	<ul style="list-style-type: none"> <li>• A copy of the charter, law or resolution under which the agency was established; and any subsequent resolution which authorized a change in agency name or purpose</li> </ul>

Recommended purpose statement to appear in incorporation papers:

*“To operate chemical dependence, alcoholism and/or substance abuse services, within the meaning of Articles 19 and 32 of the Mental Hygiene Law and the Rules and Regulations adopted pursuant thereto as each may be amended from time to time, which shall require as a condition precedent before engaging in the conduct of any such services an Operating Certificate from the New York State Office of Alcoholism and Substance Abuse Services.”*