

# NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

## OASAS CERTIFICATION APPLICATION

### PART V - SERVICE CAPACITY INCREASES IF APPLICABLE OR TRANSFER OF OWNERSHIP

Applicant's Legal Name						
Site Address		Service Type				
<b>Note: Part V is completed by applicants who are existing OASAS providers that wish to: (1) increase the certified capacity of existing addiction services or (2) acquire ownership of certified services from another OASAS provider.</b>						
<b>A. Action Requested</b>	Check all that apply <input type="checkbox"/> Increase in Capacity (Go to B. below) <input type="checkbox"/> Transfer the above service from _____ <span style="margin-left: 250px;">(Go to C. below)</span> <span style="margin-left: 100px;">Name of OASAS Provider</span>					
<b>B. Service Capacity Increase</b>	1. Capacity Data <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">a. Current Approved Service Capacity</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">b. Requested Service Capacity</td> <td style="padding: 5px;">c. Increase</td> </tr> </table>			a. Current Approved Service Capacity	b. Requested Service Capacity	c. Increase
a. Current Approved Service Capacity	b. Requested Service Capacity	c. Increase				
<b>C.          Impact of Action</b>	1. Space <input type="checkbox"/> None <input type="checkbox"/> Additional/Re-arrangement of space described in Part II – Site Information					
	2. Units of Service <input type="checkbox"/> None <input type="checkbox"/> Increase by _____ Patient Days/Visits					
	3. Staffing <input type="checkbox"/> None <input type="checkbox"/> Increase* by _____ FTEs					
	*List FTE staffing changes below:					
		Job Title	Existing FTEs	Revised FTEs		
				Net Change		
<b>D.  Financial Commitments</b>	Financial Commitments to Support Actions Requiring Additional Staff/Space (Check all that apply) <input type="checkbox"/> No Additional Financing Needed <input type="checkbox"/> OASAS Financing Committed <input type="checkbox"/> Other Funding Sources Committed - Source(s) _____ _____					
<b>E.  Issues Affecting This Action</b>	Issues to Address Regarding This Action Covering the Topics Identified in the Instructions <p style="text-align: center;"><i>Include as <b>ATTACHMENT #24</b> a narrative description which covers issues outlined in the instructions.</i></p>					