



CRISIS STABILIZATION CENTERS 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/Regional Office.

Entity/Administrative Headquarters Mailing Address

Applicant's Legal Name

Street

Room/Suite

Floor

PO Box

City, Town, Village

State NY

Zip Code + 4

Summary of Application

Category:

- checkbox New Entity not currently Certified by OMH, OASAS or DOH
checkbox Entity Currently certified by checkbox OMH checkbox OASAS checkbox DOH

Type of Crisis Stabilization Center:

- checkbox Intensive Crisis Stabilization Center
checkbox Supportive Crisis Stabilization Center

Certifications and Assurances

1. 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

2. Assumption of Financial Risk

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 startup 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

3. 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 further 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 MENTAL HEALTH  
 OFFICE OF ADDICTION SERVICES AND SUPPORTS  
**CRISIS STABILIZATION CENTERS  
 APPLICATION SUMMARY**

Applicant's Legal Name				
<b>Application Contact Person</b>				
Name of Contact Person			Position/Affiliation with Applicant	
Address (Street, City, State, Zip Code)				
Telephone Number	Fax Number	E-Mail Address		
<b>Local Support</b>				
<p>Include as <b>Attachment #2A</b>, 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.</p>				
<b>Site #1</b>	Site Address			
	<b>Services</b>	<b>Persons Served Annually</b>	<b>Capacity</b>	<b>Units of Service per Year</b>
	Intensive Crisis Stabilization Center			
	Supportive Crisis Stabilization Center			