



Changes to existing Part 820 Residential Services Application

Section 1 – Administrative Information

Applicant’s Legal Name:

Street:

Room/Suite:

Floor:

City, Town, Village:

Zip Code +4:

Application Contact Person

Name of Contact Person:

Title:

Telephone Number:

Email Address:

Operating Certificate Information

Provider No.:

Operating Cert #:

PRU No.:

Site Information

Street:

Room/Suite:

Floor:

City, Town, Village:

Zip Code (+4):

Section 2 – Summary Description

ADDING A NEW ELEMENT

Check the appropriate category and provide a brief summary of the purpose for submitting this application. If adding Reintegration Scattered also attach changes to reintegration scattered form.

Stabilization

Rehabilitation

Reintegration

Congregate

Scattered

Brief Summary:

Section 3 – Description of Services

Assessment of Need: Provide an assessment of the need for the services described in the application.



Description of Services

1. List and define the specific service components to be offered to patients, including any proposed time-structured treatment regime or module:
2. For each planned service, provide a detailed list including, but not limited to: expected outcomes for patients, planned number and frequency of service delivery, planned length of stay and other proposed measures of success:

Policies and Procedures – Attach signed policy and procedure attestation.

Staffing Plan for the Proposed Services – Attach Part 820 Staffing Form.

Budget for the Proposed Services – Attach Regional Office (RO) Approval of Budget.

ADDITIONAL REQUIREMENTS FOR STABILIZATION

For applications that propose to deliver the stabilization element, the submission must also include a Medical Protocol Attestation signed by the program’s medical director.

Applicant Attestation – Applications not signed by LGU and Regional Office will not be accepted.

I certify that I am authorized to request authorization from OASAS to make the changes included in this application.

Signature:	Name (Print):
Title:	Date:

Local Governmental Unit

I have reviewed this request and recommend:

<input type="checkbox"/> Approval:	<input type="checkbox"/> Disapproval:
Signature:	Name (Print):
Title:	Date:

OASAS Regional Office Approval

I have verified the criteria for the use of this application are met and that the documents necessary for OASAS review and decision are attached.

Program Manager Signature:	Name (Print):	Date:
Regional Coordinator:	Name (Print):	Date:
District Director:	Name (Print):	Date: