



OASAS Chemical Dependence Certification Application

New Part 820 Reintegration or New Part 819 Supportive Living Site

(One site per form)

Criteria for using this form (All three must apply):

- 1. to add a new reintegration scattered site or a supportive living site;
2. to a currently certified service; and
3. within the currently certified capacity.

Form with sections: Applicant's Legal Name, Current Operating Certificate #, Applicant Contact Information, New Site Information, Community Response, and Required Attachments table.

<b>Additional Actions Required</b>	
Are any currently authorized beds/sites to be deleted from the Operating Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the address(es) exactly as it appears on the Operating Certificate.	
# of Beds:	
Apt. #:	
Street:	
City:	
Zip Code:	

<b>Applicant Attestation</b>	
I certify that I am authorized by the applicant to request authorization to provide OASAS certified reintegration or supportive living service(s) at the site(s) identified above. I further certify that, to the best of my knowledge, this site complies with OASAS facility requirements for a reintegration or supportive living site and that the required documentation is attached.	
Signature:	Name (Print):
Title (Print):	Date:
<b>Local Governmental Unit Approval</b>	
I have reviewed this request to add a supportive living site and recommend	
<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
Signature:	Name (Print):
Title (Print):	Date:

**Note: The Local Governmental Unit will forward this *signed* form with attachments to the OASAS Regional Office.**

<b>OASAS Field Office Approval</b>		
I have verified that the criteria for use of the Certification Application are met and that the documents necessary for OASAS' review and decision on this supportive living site are attached.		
Program Manager Signature:	Name (Print):	Date:
Regional Office Coordinator Signature:	Name (Print):	Date:

**Note: The Program Manager/Regional Office Coordinator will forward the *signed* copy of the Certification Application with attachments to the Bureau of Certification at [Certification@oasas.ny.gov](mailto:Certification@oasas.ny.gov) .**