

**Oklahoma Department of Mental Health
and Substance Abuse Services**

**APPLICATION FOR CERTIFICATION
OF
COMMUNITY RESIDENTIAL MENTAL HEALTH FACILITIES**

A. _____
(Legal Name of Organization) (Director)

B. _____
(Administrative/Mailing Address)

C. _____
(Physical Address)

Directions to facility from nearest highway: _____

D. Phone Number: _____ Fax Number: _____

E-mail: _____

E. Initial Application Renewal Application

F. I hereby request a site review by representatives of the Department of Mental Health and Substance Abuse Services (DMHSAS) to determine compliance with DMHSAS Standards and eligibility to provide the following service(s):

Residential Care Facility **Enhanced** Residential Care Facility

G. Bed Capacity:
_____ # of Beds

H. Population:
 Females Males

I. I have enclosed copies of the following information
 (a) A fee (check or money order) payable to the Oklahoma Department of Mental Health and Substance Abuse Services in the amount of \$100.00
 (b) Current and approved fire inspection from the state or local Fire Marshal or local fire department
 (c) Program Description
 (d) Organizational Chart
 (e) List of Board Members, including addresses and phone numbers
 (f) Certificate of Incorporation or Limited Liability Company
 (g) State Health Department Licensure
 (h) Documentation of administrator's training [See OAC 450:16-21-4 (a)]

J. I hereby assure that the applicant organization operates without discrimination as to race, color, gender, age, degree of disability, handicapping condition, veteran status, religion, or ethnic origin.

K. I acknowledge that the granting of certification by ODMHSAS is not a commitment from ODMHSAS to contract with this organization.

L. ***I acknowledge that my agency's certification review will be conducted under the ODMHSAS Standards and Criteria, effective July 11, 2008.***

(Date) (Signature of Authorized Program Official)

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