



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:

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

Type of Crisis Stabilization Center:

- Intensive Crisis Stabilization Center
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...

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...

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...

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