For DSHS Use Only
Budget Code #: **ZZ744-192**

Receipt #: _____
$ Amt.: _____

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Substance Abuse Facility Licensure Application
P.O. Box 149347
Austin, Texas 78714-9347
Mail Code 2835 OR
MC 2003 (if fees are included with application)
512/834-6600/www.dshs.state.tx.us/hfp/

☐ **New Outpatient Applicant** ☐ **New Residential Applicant**

Refer to New Applicant Application Packet Checklist and submit applicable items with your New Applicant Application. An invoice will be issued for the New Applicant Fees.

☐ **Change in Status** Remit $125 for each additional site and/or $35 for each additional bed payable by cashier's check or money order.

Check each box that applies:

☐ Additional Residential Site ☐ Residential Address Change ☐ Adding Detoxification Services ☐ Increase in Bed Capacity

☐ Additional Outpatient Site ☐ Outpatient Address Change ☐ Category of Service Change/Addition/Deletion

☐ Age Group Change/Addition/Deletion ☐ Gender Change/Addition/Deletion ☐ Increase in Outpatient Capacity ☐ Name Change

NAME OF FACILITY TO BE LICENSED: (Print or type) **Please Indicate:** ☐ For Profit ☐ Non-Profit

_____ License #: _____
DBA (if applicable) (**if currently licensed**)

_____
Legal Name of Facility

_____
Mailing Address (Headquarters)

_____
Physical Address (Headquarters)

_____
City State ZIP

( )_____
Telephone # County Region

For DSHS use only

Ind./Org. Nbr: _____

File Nbr: _____

Appl. Nbr: _____

_____ ( )_____
Name and Title of Chief Executive Officer Headquarters Fax # Email

_____ ( )_____ ( )_____
Facility Contact Person for Licensure (Name and Title) Telephone # Fax #

Email Address_____

FACILITY CLASSIFICATION (Headquarters/Corporate Office):

☐ Alternative School ☐ Correctional Facility ☐ Hospital

☐ Independent Facility ☐Therapeutic Community ☐ Other: _____

To the best of my knowledge, the information on this application is true and correct. I agree to comply with Chapter 448 and applicable statutes.

_____ _____
Signature of Chief Executive Officer or Designee Date

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Substance Abuse Treatment Facility
Program Site Information

Complete this page for each program site where services are to be provided. **License #**_____
(Copy for multiple program sites).

_____
Name of Program

_____
Mailing Address

_____
Physical Location Address

_____
City State ZIP Code

(____) _____
Telephone County Region

_____
Program Director

_____
Title

Program Site Accreditation (for this physical address)
☐ JCAHO ☐ CARF

(Include copy of current accreditation)
Texas Department of State Health Services Other Licensure

☐ General Hospital
☐ Specialty Hospital
☐ Private Psychiatric Facility
☐ Narcotic Treatment Program (Methadone)

Address Change
Address moving from:_____

_____

Program Setting: ☐ Alternative School ☐ Correctional ☐ Freestanding building ☐ Hospital ☐ House ☐ Other:_____

Physical Structure: Nbr. of buildings _____ Nbr. of floors _____ Approx. square footage _____

Client Fee Structure: ☐ Fixed fee ☐ Sliding fee scale ☐ No fee

Does this site comply with the Americans with Disabilities Act (ADA)? ☐Yes ☐ No
Does this program site currently receive funding from DSHS? ☐Yes ☐ No

Treatment Services

Fill in the **total** number of beds and/or outpatient slots. Check **ALL** boxes that apply for the services to be provided **at the above physical address.** Refer to Chapter 448 for description of treatment services.

Intensive Residential
- ☐ Male
- ☐ Female
- ☐ Adults
- ☐ Adolescent

Supportive Residential
- ☐ Male
- ☐ Female
- ☐ Adults
- ☐ Adolescent

Outpatient
- ☐ Male
- ☐ Female
- ☐ Adults
- ☐ Adolescent

Detoxification

Residential
- ☐ Male
- ☐ Female
- ☐ Adults
- ☐ Adolescent

Ambulatory (Outpatient)
- ☐ Male
- ☐ Female
- ☐ Adults
- ☐ Adolescent

Day Treatment
(Adolescents Only)
- ☐ Male
- ☐ Female

Total Beds: _____ **Total Outpatient Slots:** _____

Residential Program Sites – Complete this section

Does this site house chemically dependent Women with Children? ☐ Yes ☐ No

Is this a secure (locked) adolescent site? ☐ **Yes** ☐ **No**