

**Faith Based Chemical Dependency Treatment Program  
Application for Exemption Registration**

**Please Print or Type**

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Name of Facility/Organization

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dba (if applicable)

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Mailing Address

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City	State	Zip Code
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Telephone	email	County
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**ATTESTATION STATEMENT**

Under Section 464.052, Subchapter C of the Health and Safety Code (HB 2481, 75th Legislature) I claim exemption to licensure as a chemical dependency treatment facility. I claim this exemption as a Faith-Based Chemical Dependency Treatment Program and I attest the statements below are true and correct:

1.    the chemical dependency treatment program is conducted by a religious organization;  
      [religious organization as defined means a church, synagogue, mosque, or other religious institution: (A) the purpose of which is the propagation of religious beliefs; and (B) that is exempt from federal income tax under the Internal Revenue Code (26 U.S.C.), Section 501 (a) being listed as an exempt organization under Section 501 (c) of that code (26 U.S.C. Section 501 (c)].
2.    the chemical dependency treatment program is exclusively religious, spiritual, or ecclesiastical in nature;
3.    the chemical dependency treatment program does not treat minors;
4.    upon any change affecting the exemption of this program, I will notify the Department in writing within 10 working days; and
5.    I have read, understand, and will comply with Department's Standard of Care Rules pertaining to this exemption.

**TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT:**

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Print Name of Chief Executive Officer/Director	Title
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Signature of Chief Executive Officer/Director	Date
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Include with this application, a copy of the Internal Revenue Service (IRS) determination letter documenting the organization's tax exempt status and a copy of the organization's articles of incorporation documenting the primary purpose of the organization is the propagation of religious beliefs **or** a letter from the State of Texas Comptroller's Office documenting the organization's religious tax exemption status. Direct your correspondence to: Texas Department of State Health Services, Regulatory Licensing Unit, Facility Licensing Group/Mail Code 2835, P.O. Box 149347, Austin, TX 78714-9347.