



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1100 W. 49th Street • Austin, Texas 78756
P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • <http://www.dshs.state.tx.us>

DAVID L. LAKEY, M.D.
COMMISSIONER

Application for Approval to Accept Court Commitments or Emergency Detentions

Submit to:
Department of State Health Services
Regulatory Licensing Unit
Facility Licensing Group/Mail Code 2835
P.O. Box 149347
Austin, TX 78714-9347

Facility Name: _____ **License Number:** _____
Print or Type

Address: _____

Phone: _____ **Fax:** _____

Chief Executive Officer or Designee: _____
Print or Type

Email: _____

Licensed treatment service(s) for the facility:

- | | | |
|---|--|---|
| <input type="checkbox"/> Residential Detoxification | <input type="checkbox"/> Ambulatory Detoxification | <input type="checkbox"/> Intensive Residential |
| <input type="checkbox"/> Supportive Residential | <input type="checkbox"/> Outpatient | <input type="checkbox"/> Adolescent Day Treatment |

Approval may be granted in the categories listed below. To be eligible, a program must be licensed to provide at least one of the specified Treatment services. Facilities licensed by DSHS, Hospital Licensing, must provide services equivalent to those specified by the Department.

Please indicate below the categories of approval for this program site:

- Emergency detention
Required treatment service: Residential Detoxification, Intensive Residential.
- Adult Inpatient Involuntary Commitments
Required treatment service: Intensive Residential or Residential services for adults.
- Adult Outpatient Involuntary Commitments
Required treatment service: Outpatient services for adults.
- Juvenile Inpatient Commitments
Required treatment service: Intensive Residential services for adolescents.
- Juvenile Outpatient Commitments
Required treatment service: Day Treatment or Outpatient services for adolescents

I have read Chapter 448, Court Commitment Services. Policies and procedures as required by rule have been developed and implemented. Staff training as required has been provided.

Signature of Chief Executive Officer or Designee

Date