[](http://www.dbhds.virginia.gov/)Virginia Department of Behavioral Health & Developmental Services

**INITIAL PROVIDER APPLICATION FOR LICENSING**

**Code of Virginia** §**37.2-405 &** §**35-46**

Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

**1. *APPLICANT INFORMATION:*** Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of all Owners and the percentage (%) of the organization owned by each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Executive Officer or Director**. Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Residential Services: (**The **liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)**

**Community Liaison Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. *ORGANIZATIONAL STRUCTURE*:** Identify the organizational structure of the applicant’s governing body.

***Check one(1) of the following***: ***Check one(1) of the following*:**

[] Non-Profit [] For-Profit [] Individual (proprietorship) [] Partnership

[] Corporation [] Unincorporated Organization or Association

**Public agency:**

[] State [] Community Services Board [] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Identify accrediting or certifying organization from the following, if applicable:***

[] Accreditation Council for Services for People with Developmental Disabilities [] Virginia Association of Special Education Facilities

[] Joint Commission on Accreditation of Health Care Organizations [] Other associations or organizations:

[] Commission on Accreditation of Rehabilitation Facilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. *APPLICANT PARENT COMPANY INFORMATION*:** Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SERVICE TYPE*:**

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the *population served*, when required, as –Adults, Adolescents, or Children in the “Licensed As Statement” section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check one | Service | Pgm | Description | Licensed As Statement |
|  | 01 | 001 | ID Group Home Service | An intellectual disability residential group home service for adults. |
|  | 01 | 003 | MH/SA Group Home Service | A mental health and/or substance abuse residential group home service for adults |
|  | **01** | **004** | **ID/DD/MH Group Home Service - REACH** | **An intellectual disability (developmental disability), mental health residential group home REACH service for adults** |
|  | 01 | 005 | ICF-IID Group Home Service | An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults |
|  | 01 | 006 | SA Residential Treatment Service | A substance abuse residential treatment service for adults |
|  | 01 | 007 | Brain Injury Group Home Service | A brain injury residential treatment center for adults |
|  | 01 | 011 | ID Supervised Living Service | An intellectual disability supervised living residential service for adults. |
|  | 01 | 012 | MH Supervised Living Service | A mental health supervised living residential service for adults |
|  | 01 | 013 | SA Supervised Living Service | A substance abuse supervised living residential service for adults. |
|  | 01 | 016 | SA Halfway House | A substance abuse halfway house for adults |
|  | 01 | 019 | MH Crisis Stabilization Service | A mental health residential crisis stabilization service for adults |
|  | 01 | 020 | MH Crisis Stabilization Service | A mental health residential crisis stabilization service for children and adolescents |
|  | 01 | 025 | Managed w'drawal - Medical Detox | A substance abuse residential managed withdrawal medical detox service for adults |
|  | 01 | 033 | Residential Txt SA Women w/Children Service | A substance abuse residential treatment service for women and women with their children |
|  | 01 | 036 | ID Residential Respite Service | An intellectual disability residential respite service for adults |
|  | 01 | 037 | ID Residential Respite Service | An intellectual disability residential respite service for children and adolescents |
|  | 02 | 001 | SA Intensive Outpatient Service | A substance abuse intensive outpatient service for adults |
|  | 02 | 003 | SA Intensive Outpatient Service | A substance abuse intensive outpatient service for adolescents |
|  | 02 | 004 | ID Center-Based Respite Service | An intellectual disability centered-based respite service for adults |
|  | 02 | 005 | ID Center-Based Respite Service | An intellectual disability centered-based respite service for children and adolescents. |
|  | 02 | 006 | ID Day Support Service | An intellectual disability center-based day support service for adults. |
|  | 02 | 007 | ID Day Support Service | An intellectual disability center-based day support service for children and adolescents |
|  | 02 | 008 | ID Day Support Service | An intellectual disability non center-based day support service for adults. |
|  | 02 | 009 | ID Day Support Service | An intellectual disability non center-based day support service for children and adolescents |
|  | 02 | 010 | DD Day Support Service | A developmental disability day support service for (population served) ( ) |
|  | 02 | 011 | MH Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults |
|  | 02 | 014 | Therapeutic Afterschool MH Service | A mental health therapeutic afterschool service for children with serious emotional disturbance |
|  | 02 | 019 | MH Partial Hospitalization Service | A mental health partial hospitalization service for adults with serious mental illness |
|  | 02 | 021 | SA Partial Hospitalization Service | A substance abuse partial hospitalization service for adults with substance use disorders |
|  | 02 | 023 | Partial Hospitalization Service | A partial hospitalization service for children and adolescents |
|  | 02 | 029 | Therapeutic Day Treatment Service for Children and Adolescents | A mental health school based day treatment service for children with serious emotional disturbance |
|  | 03 | 001 | Mental Health Skill Building Service | A mental health community support service for (*population served*) with serious mental illness ( ) |
|  | 03 | 004 | Mental Health Supportive In-Home Service | A mental health supportive in-home service for children and adolescents |
|  | 03 | 011 | ID Supportive In-Home Service | An intellectual disability supportive in-home service for children, adolescents and adults |
|  | 03 | 013 | REACH ID Supportive In-Home Service | A REACH intellectual disability supportive in-home service for children, adolescents and adults |
|  | 04 | 001 | Psychiatric Unit Service | A mental health and substance abuse inpatient psychiatric service for adults |
|  | 04 | 005 | Psychiatric Unit Service - Children | A mental health and substance abuse inpatient psychiatric service for children and adolescents |
|  | 04 | 011 | Medical Detox/Chemical Dependency Unit Service | A substance abuse medical detox/chemical dependency service for adults |
|  | 05 | 001 | Intensive In-Home Service for children and adolescents | A mental health intensive in-home service for children and adolescents and their families |
|  | 06 | 001 | Medication Assisted Treatment/Opioid TX Service | A substance abuse medication assisted treatment/opioid service for adults |
|  | 07 | 001 | Emergency Services/Crisis Intervention Service | A mental health emergency service/crisis intervention service for children, adolescents and adults |
|  | 07 | 002 | Emergency Services/Crisis Intervention Service | A mental health emergency service/crisis intervention service for children, adolescents and adults |
|  | 07 | 003 | Outpatient MH Service | A mental health outpatient service for (*population served*) ( ) |
|  | 07 | 004 | Outpatient MH/SA Service | A mental health and substance abuse outpatient service for *(population served*) ( ) |
|  | 07 | 005 | Outpatient SA Service | A substance abuse outpatient service for adults (*population served*) ( ) |
|  | 07 | 006 | Outpatient Service /Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents |
|  | **07** | **007** | **ID/DD/MH Crisis Stabilization Non-Residential Service - REACH** | **An intellectual disability(developmental disability), mental health nonresidential crisis REACH service for children, adolescents and adults** |
|  | 07 | 009 | ID Crisis Stabilization- | An intellectual disability NON-residential crisis stabilization service |
|  | 07 | 010 | Outpatient Service.-ABA | A mental health outpatient community-based applied behavioral analysis service |
|  | 07 | 011 | Outpatient Managed w'drawal - Medical Detox Service | A substance abuse outpatient managed withdrawal medical detox service for adults |
|  | 08 | 011 | Sponsored Residential Homes Service | An intellectual disability sponsored residential home service for adults |
|  | 08 | 013 | Sponsored Residential Homes Service | An intellectual disability sponsored residential home service for children and adolescents |
|  | 08 | 014 | MH Sponsored Residential Homes Service | An mental health sponsored residential home service for (*population served*) ( ) |
|  | 09 | 001 | Out-of-Home Respite Service | An out-of-home respite service for adults |
|  | 09 | 002 | Out-of-Home Respite Service | An out-of-home respite service for children and adolescents |
|  | 09 | 003 | Out-of-Home Respite | An out-of-home respite crisis stabilization service for (*population served*) ( ) |
|  | 10 | 001 | In-Home Respite Service | An in-home respite crisis stabilization service for adults |
|  | 10 | 002 | In-Home Respite Service | An in-home respite crisis stabilization service for children and adolescence |
|  | 10 | 003 | In-Home Respite Service | An in-home respite crisis stabilization service for (*population served*) ( ) |
|  | 11 | 001 | Correctional Facility RTC Service | A mental health service in a correctional facility |
|  | 14 | 001 | Level C MH Children Residential Service | A Level C mental health children's residential service for children with serious emotional disturbance |
|  | 14 | 004 | MH Children Residential Service | A mental health children's residential service for children with serious emotional disturbance |
|  | 14 | 007 | SA Children Residential Service | A substance abuse children's residential service for children |
|  | 14 | 008 | MH Children Group Home Residential Service | A mental health group home residential service for children with serious emotional disturbance |
|  | 14 | 033 | SA Children Group Home Residential Service | A substance abuse group home residential service for children |
|  | 14 | 035 | ID Children Group Home Residential Service | An intellectual disability group home residential service for children |
|  | 14 | 036 | **ID/DD/MH Group home Residential REACH Service** | **An intellectual disability (developmental disability) mental health residential group home REACH service for children and adolescents** |
|  | 14 | 048 | ICF-IID Children Group Home Residential Service | An intermediate care facility for individuals with an intellectual disability (ICF-IID) group home residential service for children |
|  | 16 | 001 | Case Management Service | A MH, ID, SA case management services for children, adolescents and adults |
|  | 16 | 002 | ID Case Management Service | An intellectual disability case management service |
|  | 16 | 003 | SA Case Management Service | A substance abuse case management service |
|  | 16 | 004 | MH Case Management Service | A mental health case management service for adults with serious mental illness |
|  | 16 | 005 | Children and Adolescents MH Case Management Service | A mental health case management service for children and adolescents |
|  | 17 | 001 | Intensive Community Treatment (ICT) Service | A mental health intensive community treatment (ICT) service for adults with serious mental illness |
|  | 18 | 001 | Program of Assertive Community Treatment (PACT) Service | A mental health program of assertive community treatment (PACT) service for adults with serious mental illness |

**12/06/2016 DBHDS**

**5. *SERVICE INFORMATION*:** Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

**Service Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Demographics (check all that apply):

[] Male [] Female [] Both [] Child [] Adolescent (Min. & Max. Age Range) \_\_\_\_\_\_\_\_\_\_\_\_\_ [] Adult

**LOCATION**

6. **Location Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of beds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT**

|  |  |
| --- | --- |
| Name |  |
| Address |  |

1. **RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS**

|  |  |
| --- | --- |
| **Financial Records** | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Personnel Records** | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Residents’ Records** | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| ***REQUIRED ATTACHMENTS*** | ***Children’s Residential Service Regulations*** | ***All Other Services Regulations*** |
| 1. **⁭ The Completed Application form** | **§12 VAC 35-46-20 (D)(1)** | **§35-105-40(A)** |
| 1. **⁭** A **Working Budget** (appropriated revenues and projected expenses for one year –a 12-month period) | **§12 VAC 35-46-20 (D)(1)**  **§12 VAC 35-46-190 (A)(2)** | **§35-105-40(A)(1)** |
| 1. **⁭**  **Evidence of financial resources** or line of credit sufficient to cover estimated operating expenses for ninety days (and must be maintained on an ongoing basis) | **§12 VAC 35-46-180** | **§35-105-210(A) &**  **§35-105-40(A)(2)** |
| 1. **⁭**  A copy of the **Organizational Structure**, showing the relationship of the management and leadership to the service | **§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-20 A** | **§35-105-190(B)** |
| 1. **⁭**  **Complete Service Description** (including philosophy and objectives of the organization, comprehensive description of population to be served, admission, exclusion, continued stay, discharge/termination criteria, a description of services or interventions to be offered, brochures, pamphlets distributed to the public, a copy of the proposed program schedule, etc) | **§12 VAC 35-46-20 (D)(1)** | **§35-105-40 & §580(C), §570** |
| 1. **⁭ Record Management Policy** addressing all the requirements of the regulation | **§12 VAC 35-46-20 B [1-5]**  **§12 VAC 35-46-180. C** | **§35-105-40 & §870(A), 390** |
| 1. **⁭**  **Staffing Schedule & Written Staffing plan** (use staff information sheet to list potential staff members with designated positions & qualifications, etc.), relief staffing plan, & comprehensive supervision plan | **§12 VAC 35-46-180** | **§35-105-590** |
| 1. **⁭ Resume**s of **all** identified Staff, particularly services director, QIDP, QMHP, and licensed personnel. | **§12 VAC 35-46-270 (B)(1)** | **§35-105-420(A)** |
| 1. **⁭ Position Descriptions**- copies of **all** position(job) descriptions that address all the requirements (position descriptions for case management, ICT and PACT services must address the additional regulations for those services). | **§12 VAC 35-46-20 (D)(1)**  **§12 VAC 35-46-280,**  **§12 VAC 35-46-340 &**  **§12 VAC 35-46-350** | **§35-105-40 & §410(A)** |
| 1. **⁭**  **Evidence of Authority** to conduct Business in Virginia. Generally this will a copy of the applicant’s State Corporation Commission Certificate. | **§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-320** | **§35-105-40(A)(3) and §190(B)** |
| 1. **⁭**  **Certificate of Occupancy** – for the building where services are to be provided (except home-based services), | **§12 VAC 35-46-20 (D)(1)** | **§35-105-260** |
| ***And for residential services*:** |  |  |
| 1. **⁭**  Copy of the Building floor plan, with dimensions | **§12 VAC 35-46-20 (D)(1)** | **§35-105-40 (B)(5)** |
| 1. 13.⁭ Current Health Inspection | **§12 VAC 35-46-20 B** | **§35-105-290** |
| 1. 14. ⁭ Current Fire Inspection | **§12 VAC 35-46-20 (D)[1-4]** | **§35-105-320** |
| **Children’s Residential Service Only** |  |  |
| 1. 15. ⁭ Articles of Incorporation, By- laws, & Certificate of Incorporation | **§12 VAC 35-46-20 (D)(1)** | **Facility operated by a VA corporation** |
| 1. 16⁭ Articles of Incorporation, By- laws, & Certificate of Authority | **§12 VAC 35-46-20 (D)(1)** | **Facility operated by a out of state corporation** |
| 1. .⁭ Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body | **§12 VAC 35-46-20-170** | **Facilities with a Governing Board** |
| 1. ⁭ References for three officers of the Board including President, Secretary and Member-at-Large | **§12 VAC 35-46-20 D** | **Facility operated by Corp., an unincorporated Organization, or an Association** |

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**Current/Past Provider Services**

**Please identify:**

**1) The legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held,**

**2) Previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and**

**3) The names and dates of any disciplinary actions involving the applicant’s current or past licensed services. If none, please indicate, “NONE” in the space below.**

**Current Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Past Services**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sanctions/Negative Actions/Disciplinary Actions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Certificate of Application**

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

*I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*

I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.

*I understand that unannounced visits will be made to determine continued compliance with regulations.*

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.**

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing**

**Department of Behavioral Health and Developmental Services**

**Post Office Box 1797**

**Richmond, Virginia 23218-1797**