

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION**

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 Office.

Entity/Administrative Headquarters Mailing Address

Applicant's Legal Name			
Street	Room/Suite	Floor	PO Box or Postal Route
City, Town, Village		State NY	Zip Code + 4

Summary of Application

Check the appropriate category and provide a brief summary of the purpose for submitting this application.

<input type="checkbox"/> New OASAS Provider	<input type="checkbox"/> Minor Relocation	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> New Treatment Service	<input type="checkbox"/> Additional Location
<input type="checkbox"/> Relocation/Space Expansion	<input type="checkbox"/> Capital Project	<input type="checkbox"/> Capacity Increase	<input type="checkbox"/> Change in Ownership Status	

Certifications and Assurances

1. a. Authorization to Represent Applicant

For Corporate Entities, include as **ATTACHMENT #1** a signed and dated corporate resolution authorizing the contact person identified on Page 2 of this form to act on its behalf in the preparation of this application and to represent the applicant throughout the certification application process. If not a Corporate Entity, the Owner(s) must include a signed and dated statement authorizing the contact person to act on their behalf in the preparation of this application and to represent the applicant throughout the certification application process.

1. b. Authorization of Proposed Action

For Corporate Entities, include as **ATTACHMENT #2** a signed and dated corporate resolution authorizing the proposed action. If not a Corporate Entity, the Owner(s) must include a signed and dated statement authorizing the proposed action.

2. Certification of Finder's 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, including payment of the expenses of the referral source incidental to the making of a referral.

_____	_____	_____
Signature of Authorized Representative	Position/Affiliation with Applicant	Date

3. Assumption of Financial Risk – **Non-OASAS Funded Applicants Only**

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 and that sufficient financial resources are available for the start up and continuing operation of such services. The applicant further certifies, under penalty of perjury, and assures that it will not seek OASAS funding for the specific services under the circumstances described in this application.

_____	_____	_____
Signature of Governing Authority Principal	Position/Affiliation with Applicant	Date

4. 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. I further certify, under penalty of perjury, that all the information contained in this application is accurate, true and complete in all material aspects.

_____	_____	_____
Signature of Governing Authority Principal	Position/Affiliation with Applicant	Date

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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								
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 official(s).								
Proximity (miles) to Nearest Community Facility (e.g., School, Religious Center, Child Care Facility)						Type of Facility		
Identification of Sites and Services Affected by this Application								
<input type="checkbox"/> None <input type="checkbox"/> As Detailed Below								
Site #1	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
				Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #2	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
				Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #3	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
				Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						

*Last 5 digits only