



I. Identification of Applicant

Provider Name		
Executive Director		
Telephone Number of Applicant	Medicaid Provider Number (if any)	
Fax Number of Applicant	E-Mail Address of Applicant	
Contact Name	Contact Title	
Contact Telephone Number(s)	Contact E-Mail Address	
Alternate Contact Name	Alternate Contact Title	
Alternate Contact Telephone Number(s)	Alternate Contact E-Mail Address	
Type of Application Requested		
<input type="checkbox"/> Article 28 Services (DOH) <input type="checkbox"/> Article 31 Services (OMH) <input type="checkbox"/> Article 32 Services (OASAS)		
Site Address		
Current License/Certificate at Site		
<input type="checkbox"/> Article 28 Services (DOH) <input type="checkbox"/> Article 31 Services (OMH) <input type="checkbox"/> Article 32 Services (OASAS)		
Current Health Home Affiliation		
Name	Address	Phone Number

II. Project Narrative

**Service #1**     OASAS                       OMH                       DOH

Provide rationale; specify services to be added and describe plan for implementation

**Service #2**     OASAS                       OMH                       DOH

Provide rationale; specify services to be added and describe plan for implementation





<b>IV. Budget</b>			
<b>First Year (Projected)</b>			
Operating Expenses (Incremental)	OASAS	OMH	DOH
Staffing Salaries			
Employee Benefits			
Property (Rent/Utilities, etc.)			
Other Non-Personal Services Expenses			
Administrative and Overhead			
<b>Total Expenses</b>			
Revenue (Incremental)			
Medicaid			
Medicare			
Insurance			
Fees			
Other (Identify)			
<b>Total Revenue</b>			
<b>Total Expenses less Total Revenue</b>			
<b>V. Utilization of Additional Service(s)</b>			
<b>First Year (Projected)</b>			
Number of Individuals (OASAS)	Annual Units of Services (OASAS)		
Number of Individuals (OMH)	Annual Units of Services (OMH)		
Number of Individuals (DOH)	Annual Units of Services (DOH)		
<b>VI. Physical Plant</b>			
<b>(Attach a labeled floor plan for the site and schedule for use of any shared space by service.)</b>			
Minor Construction/Renovation Involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total Cost of Construction \$
If yes, provide a description of the work to be completed, including change of use for existing spaces.			

**VII. OASAS and OMH Host or Integrated Service Addition**

**Local Governmental Unit (LGU) Notification**

Does this proposal have the support of the LGU?  Yes  No

LGU Contact	Telephone Number of LGU Contact	Date of LGU Contact
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**Field Office Approval**

Does this proposal have the support of the Field Office?  Yes  No

Field Office Contact	Telephone Number of Field Office Contact	Date of FO Contact
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**VIII. Attestation**

Signature required by CEO/CFO, I hereby give the following assurances:

- Applicant is aware of, and agrees to comply with the licensing standards, including DOH, OMH or OASAS supplemental standards which apply to the provision of the requested additional services at the identified site.

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

**For submission of this application electronically, I understand that by typing my name above, I am attesting that I am authorized to represent the applicant and hereby give my assurance of all applicable standards required for the proposed service.**