



Section 5. Closing of Additional Location/Supportive Living Site OR Addition of Supportive Living Site (See Note 4. Below)

[ ] Site Being Closed or [ ] Site Being Added	[ ] Site Being Closed or [ ] Site Being Added
Address (Street/Floor/Room or Suite No.)	Address (Street/Floor/Room or Suite No.)
City, Town, Village State Zip Code	City, Town, Village State Zip Code
Certificate No.	Certificate No.

[ ] Site Being Closed or [ ] Site Being Added	[ ] Site Being Closed or [ ] Site Being Added
Address (Street/Floor/Room or Suite No.)	Address (Street/Floor/Room or Suite No.)
City, Town, Village State Zip Code	City, Town, Village State Zip Code
Certificate No.	Certificate No.

**PROVIDER AUTHORIZATION**

I certify that all information indicated in this request is accurate, complete and true to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Chief Executive Officer (Type or Print)

\_\_\_\_\_  
 Title

**INFORMATION AND COMPLETION INSTRUCTIONS**

**ATTENTION:** Providers are required to submit this form to notify and, where necessary, to obtain OASAS prior approval for the of actions indicated on the front of this form. Other proposed actions may be subject to full or administrative review under 14 NYCRR 810.5 or 810.6 and require the completion and submission of an OASAS Certification Application (PPD-5) for review and approval by the OASAS Project Review Unit. Providers are urged to consult with the OASAS Field Office regarding any action affecting OASAS certification status.

**NOTES:**

- Approval of post-certification actions involving physical plant issues, including authorized or unauthorized minor relocations and/or space alterations affecting existing certified services, must be accompanied by a completed *Request for Site Evaluation and Preliminary Environmental Assessment (SQA-6)* for each site or additional location, along with any required attachments.
- A minor relocation of certified services must meet **ALL** of the following criteria: (1) it must not result in an increase in State Aid; (2) it must be approved by the Local Governmental Unit (if applicable) and the OASAS Field Office; (3) the site proposed for relocation must be in the same county or sub-county area, or in New York City, the same Community Board area, as the current site; (4) the provider must agree to treat the same target population at the proposed site; (5) it must not result in an increase in capacity; (6) it must not propose services that are new or different from currently certified services. **The relocation of methadone maintenance services is excluded from consideration as a minor relocation in all circumstances.**
- Approval of service provider legal name changes, including those resulting from establishment of a new corporation under the Business Corporation Law or Not-for-Profit Not-for-Profit Corporation Law, requires the submission of an *OASAS Certification Application (PPD-5)* to the OASAS Project Review Unit and cannot be approved using this form.
- A request to add a Supportive Living site (within the approved, total bed capacity) must be accompanied by a completed *Request for Site Evaluation and Preliminary Environmental Assessment (SQA-6)* for each site, along with required attachments.

**SUBMISSION INSTRUCTIONS**

*After completion of all forms required for the above post-certification action(s), the Service Provider's Chief Executive Officer submits this form, along with SQA-6 and related attachments, if required, as follows:*

- for space alterations, sends the post-certification package to the OASAS Field Office; the package will be reviewed and subsequently sent to the Certification Unit Manager in Albany.*
- for minor relocations, sends the post-certification package to the OASAS Field Office and, as appropriate, the Local Governmental Unit; the package will be reviewed and subsequently sent to the Certification Unit Manager in Albany*
- for all other actions, sends the post-certification package to the OASAS Certification Unit Manager, 1450 Western Avenue, Albany, NY 12203-3526 for approval, where appropriate, and official recording of specific transactions (identified in sections 1 - 5 above) affecting program operations.*

**For additional information or assistance, contact the OASAS Certification Unit at (518) 485-2251.**