



REQUEST FOR LICENSING APPLICATION PACKET

APPLICANT/OWNER NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ COUNTY: _____

- BRAND NEW FACILITY *(Not actively licensed by DDAP)*
- ADDING A NEW SITE TO AN EXISTING PROJECT *(Currently licensed by DDAP)*
- ADDING A NEW ACTIVITY TO AN EXISTING FACILITY *(Currently licensed by DDAP)*

SELECT ALL THE PROPOSED DRUG AND ALCOHOL ACTIVITIES TO BE PROVIDED BY THE FACILITY BELOW:

FREESTANDING NONHOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL *(Requires approval from local SCA and cannot be combined with an existing or potential activity)*
- OUTPATIENT
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION **(HALFWAY HOUSE Only)**
- INPATIENT NONHOSPITAL (SHORT-TERM DETOXIFICATION)
- INPATIENT NONHOSPITAL (TRANSITIONAL LIVING FACILITY) *(If looking to get public funding, State, Federal or Local you must apply as a Recovery House at www.ddap.pa.gov.)*
- NARCOTIC TREATMENT PROGRAM *(Requires DDAP License first)*

HOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL *(Requires approval from local SCA and cannot be combined with an existing or potential activity)*
- OUTPATIENT
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION **(HALFWAY HOUSE Only)**
- INPATIENT NONHOSPITAL (SHORT-TERM DETOXIFICATION)
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- NARCOTIC TREATMENT PROGRAM *(Requires DDAP License first)*



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HOSPITAL BASED ACTIVITIES:

- INPATIENT HOSPITAL TREATMENT AND REHABILITATION
- INPATIENT HOSPITAL DETOXIFICATION
- NARCOTIC TREATMENT PROGRAM *(Requires DDAP License first)*

TELEHEALTH APPLICATION REQUEST

SELECT ALL THE PROPOSED DRUG AND ALCOHOL ACTIVITIES TO BE PROVIDED BY THE FACILITY BELOW:

FREESTANDING NONHOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL *(Requires approval from local SCA and cannot be combined with an existing or potential activity)*
- OUTPATIENT
- PARTIAL HOSPITALIZATION

HOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL *(Requires approval from local SCA and cannot be combined with an existing or potential activity)*
- OUTPATIENT
- PARTIAL HOSPITALIZATION

Please return this form to RA-licensureapps@pa.gov to continue with the application process.