**Pennsylvania
Department of Drug and
Alcohol Programs**

APPLICATION TO ADD NEW FACILITY
TO AN EXISTING PROJECT (TELEHEALTH ONLY)

FACILITY NAME *(Legal Corporation Name)***:** _____

APPLICANT/OWNER NAME: _____

If there are changes to the ownership, you must complete and submit the business management form and all other relevant documents from the applicable checklist.

FACILITY INFORMATION:

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP CODE:** _____

ANTICIPATED START DATE OF OPERATION: _____

FACILITY TYPE:

☐ **FREESTANDING** *(Nonhospital Affiliated)*

☐ **HOSPITAL AFFILIATED**

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

IF THE FACILITY IS AN OUTPATIENT OR PARTIAL HOSPITALIZATION, INDICATE THE PROPOSED CLIENT CAPACITY FOR:

OUTPATIENT: _____   PARTIAL HOSPITALIZATION: _____

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1. **DAYS AND HOURS OF OPERATION:**

   _____

   _____

2. **IS THE FACILITY LICENSED BY ANY OTHER AUTHORITY?** ☐ **YES** ☐ **NO**
   IF YES, LIST LICENSING AUTHORITIES:

   _____

   _____

3. **INFORMATION REGARDING INDIVIDUAL TO BE CONTACTED DURING THE APPLICATION PROCESS:**

   APPLICANT/OWNER NAME: _____

   ADDRESS: _____

   TELEPHONE NO.: _____

   FAX NO.: _____

   EMAIL ADDRESS *(Required for application correspondence)***:** _____

Note: Application ***must be*** accompanied by the applicable application checklist.

I acknowledge that all required documentation is to be submitted at the time of application. Failure to submit all required documentation will result in the rejection of my application.

I further acknowledge that my signature is verification that I have completed this application truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa.C.S.§4904 (relating to unsworn falsification to authorities).

_____
APPLICANT PRINT NAME

_____   _____
APPLICANT SIGNATURE   **DATE**