



**DRUG AND ALCOHOL TREATMENT AND REHABILITATION
LICENSING APPLICATION (TELEHEALTH ONLY)**

FACILITY NAME *(Legal Corporation Name)*: _____

APPLICANT/OWNER NAME: _____

FACILITY INFORMATION:

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

ANTICIPATED START DATE OF OPERATION: _____

FACILITY TYPE:

FREESTANDING *(Nonhospital Affiliated)*

HOSPITAL AFFILIATED

1. IDENTIFY THE ORGANIZATIONAL STRUCTURE OF THE APPLICANT'S GOVERNING BODY.

SELECT ONE OF THE FOLLOWING:

INDIVIDUAL *(Sole Partnership)*

PARTNERSHIP *(Between Individuals)*

PARTNERSHIP *(Between Corporations)*

INCORPORATION

LLC

COUNTY

2. FISCAL STRUCTURE:

NON-PROFIT

FOR-PROFIT

COUNTY GOVERNMENT



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**SELECT ALL OF 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

**OUTPATIENT AND/OR PARTIAL HOSPITALIZATION, INDICATE THE PROPOSED
CLIENT CAPACITY FOR:**

OUTPATIENT: _____

PARTIAL HOSPITALIZATION: _____

1. DAYS AND HOURS OF OPERATION:

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



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**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