DEPARTMENT OF HEALTH CARE SERVICES
INVENTORY OF COUNTY 5150 DESIGNATED FACILITIES

STATE OF CALIFORNIA
Department of Health Care Services – Program Oversight & Compliance Branch
744 P STREET, MS 9-13-41, SACRAMENTO, CA 95814
VOICE: (916) 651-3907 FAX: (916) 651-3925
WEBSITE: HTTP://WWW.DHCS.CA.GOV

COUNTY MENTAL HEALTH INFORMATION

(County)	(County Mental Health Director)	(Email Address)
(Number, Street, or Post Office Box	(City)	(State) (Zip Code)

Telephone (Area Code/Number)	FAX (Area Code/Number)

COUNTY 5150 DESIGNATED 24-HOUR LICENSED INPATIENT HEALTH FACILITIES
(Do not include facilities that ARE NOT physically located in your county.)

FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS	FACILITY TYPE OR LICENSE

I HEREBY CERTIFY, to the best of my knowledge and belief, that this list is correct and complete and that each facility designated by this county for approval by DHCS meets CCR, Title 9, Article 10, Section 663 minimum staff requirements for inpatient services.

(Signature of County Mental Health Director) (Date)

DEPARTMENT OF HEALTH CARE SERVICES
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OTHER TYPES OF COUNTY 5150 DESIGNATED FACILITIES
(Do not include facilities that ARE NOT physically located in your county.)

FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS OR DIALY CENSUS	FACILITY TYPE OR LICENSE

(Signature of County Mental Health Director) (Date)

To discontinue a 5150 Designation:
Send a letter to the address above stating that your county wishes to remove the specified facility from their designated 5150 facility list and include the facility information in the letter.

For Department of Health Care Services Use Only

Date Form Received _____ Initials_____

Date Information Entered in Statewide Database_____ Initials_____

PLEASE RETURN THIS FORM ON OR BEFORE:_____

Return to:
Department of Health Care Services
Program Oversight and Compliance Branch – Licensing and Certification Section
744 P Street, MS 9-13-41, Sacramento, CA 95814

Phone: (916) 651-3907 FAX: (916) 651-3925