

# Naloxone Distribution Project (NDP) Application

## Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

**Please be sure to check the application for accuracy before submitting.**

First Name of Authorized Person	FedEx Delivery Address (must be a business address, not a personal address or P.O. Box)
Middle Name	Address Line 2
Last Name	City
Contact Number	Zip
Email	State
	CA
Organization Name	Service Location Address
Type of Organization	Address Line 2
Community Organization - Specify Type	City
Organization Website	Zip
Organization Phone Number	State CA
	Delivery location is able to accept pallet shipments

Unit request - Minimum unit request is 12. Request must be a multiple of 12. Each unit comes with 2 doses.

If you would like additional individuals to receive shipment information for approved orders, list their email(s) below.

**You must certify and agree to the information in this section to receive the naloxone distribution.**

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use. ☐

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at the [GetNaloxoneNow](#) website and the [Harm Reduction Coalition's overdose response](#) website to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to [naloxone@dhcs.ca.gov](mailto:naloxone@dhcs.ca.gov) regarding the number of reversals that occurred using the naloxone distributed under this application order.

**Terms and Conditions**

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at the California Department of Public Health's [standing order application](#) or a physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to [naloxone@dhcs.ca.gov](mailto:naloxone@dhcs.ca.gov)

Note: Some links on this page are documents in Adobe Acrobat Portable Document Format (PDF). PDF documents require Adobe Reader. If you need to install or upgrade to the latest version, click the ["Download Free Reader"](#).