

## APPLICATION FOR CERTIFICATION OF SOCIAL REHABILITATION PROGRAM SERVICES

**INSTRUCTIONS:** Attach this form with the facility’s written program plan and one duty statement for each staff position title below.

Please send application to: Department of Health Care Services  
Mental Health Services Division  
Program Certification Unit  
1500 Capitol Ave. MS 2703  
Sacramento, CA 95814

<b>FACILITY NAME AND ADDRESS</b>			<b>TELEPHONE &amp; FAX</b>		
<b>PROGRAM TYPE</b> (one program type per application) <input type="checkbox"/> TRANSITIONAL <input type="checkbox"/> SHORT-TERM CRISIS <input type="checkbox"/> LONG TERM			<b>PROPOSED NUMBER OF BEDS</b>		
<b>ADMINISTRATIVE STAFF INFORMATION:</b> (Include Administrator and Program Director, Clinical Director, Clinical Staff and Consultants)					
<b>NAME</b>	<b>POSITION TITLE</b>	<b>HIRE DATE</b>	<b>DEGREE</b>	<b>YEARS WORKED WITH MENALLY DISABLED</b>	
Attach additional page if more space is needed.					
<b>ADMINISTRATOR’S SIGNATURE</b>				<b>DATE</b>	

**\*Special Note**

- List education in terms of highest degree completed (MA, BA, high school, GED).
- Experience working in a program serving people with mental disabilities, in the direct provision of services to clients, expressed in years and months.

**WRITTEN PROGRAM PLAN FOR SOCIAL REHABILITATION PROGRAMS**  
**(To be included with application for program certification)**

- 1) Written medical psychiatric policies and practices in the health care and monitoring of medication of clients, as required by Section 532.1.
- 2) Financial records and financial plan of facility operations, as required by Section 533 (a)(2) and 533(d). Please include a copy of the program or agency's most recent financial audit.
- 3) Written description of range of program services offered, as required by Section 532.
- 4) Length of stay of clients, as required by Section 531.
- 5) Written policy of arrangements with consultants and involvement of community resources for clients, as required by Section 532.2(d) and (e).
- 6) Written plan of supervision and in-service training of staff, as required by Sections 532.2(g), and 532.6(h) and (j).
- 7) Statement of purposes, profile of program services and goals, as required by Section 533(a)(1).
- 8) Statement of admission and discharge criteria, including policy and procedure for orienting new clients, as required by Section 532.3(a), (b), and (c), include copy of admission agreement.
- 9) Organization chart.
- 10) Ratios of clients to direct program staff include latest 2 weeks staffing schedule.
- 11) Interdisciplinary professional staff resources and work schedules.
- 12) Facility's acknowledgment of, and procedures for implementation of client's rights (Title 22, Section 72453).
- 13) Statement of how clients are involved in the development and implementation of his/her treatment plan.
- 14) It is the responsibility of the facility to update the Department of Health Care Services of any changes in the above criteria within 30 days.

***\*All citations referenced are California Code of Regulations (CCR), Title 9 unless otherwise indicated.***