

APPLICATION FOR NARCOTIC TREATMENT PROGRAM CAPACITY INCREASE/DECREASE

Section A		Type of Request	
Increase in Licensed Capacity		Decrease in Licensed Capacity	
Section B		Application Information	
License Number:			
Name of Applicant:		Street Address:	
City:	County:	Zip Code:	
Telephone Number:		Fax Number:	
Name of Executive Director:			
Name of Program Director:			
Name of Medical Director:			
Section C		Increase/Decrease in Licensed Capacity	
Current Number of Slots:			
Number of Slots to Increase or Decrease:			
Total Number of Slots:			
Section D		Facility Information	
Number of Methadone Related Overdose Deaths within Past Year:			
Current Program Census:		Current Counselor to Patient Ratio:	
Updated Facility Map Attached: Yes			
Section E		Patient Fees	
Maintenance \$: _____		Detoxification \$: _____	
Section F		Statement of Applicant Responsibility	
<p>I, the undersigned, as the duly authorized representative of the applicant, assure that the licensee does not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code), and Chapter 6 (Commencing with Section 10800), Division 4, Title 9, of the California Code of Regulations.</p> <p>I affirm that the information and statements contained within this application, to the best of my knowledge, are truthful and accurate, and further, that I am duly authorized to submit this application to the Department of Health Care Services for licensing consideration.</p> <p>I have read all provisions of Chapter 4, entitled "Narcotic Treatment Programs," commencing with Section 10000 of Title 9, California Code of Regulations, and know the contents thereof.</p> <p>I have determined that the narcotic treatment program for which the attached application is submitted will be operated in full compliance with all applicable state and federal statutes and regulations.</p>			
Print Name:		Title:	
Signature:		Date:	