Department of Health Care Services Counselor & Medication Assisted Treatment Section, MS 2603 Post Office Box 997413 Sacramento, CA 95899-7413

COUNTY RECOMMENDATION

GOOMITTEGOMMENDATION		
License Number	Applicant	
Site Address		
Patient Capacity		
□ Initial Application: Proposed Number of Slots:		
□ Increase/Decrease: Current Number of Slots:+/- (increase/decrease) = (Total)		
In accordance with Title 9, California Cofrom the County Drug Program Adminis	•	ol must include a statement
 There is need for the narcotic tre community in which it is located, 	atment program services described i and	n the program's protocol in the
with.	ons, and local planning agency requi	·
I recommend that the program named above be expanded in licensed capacity.		
After reviewing the protocol for the prop	osed program:	
 County recommends program initial licensure: New Program, Relocation, Ownership Change or Amendment. 		
□ County recommends program license slot increase.		
□ County recommends program license slot decrease.		
□ County recommends temporary exception to two-year history and two treatment failures (2plus2).		
•	ogram licensure or relocation, licensed two treatment failures (2plus2). Doc endation.	
County Drug Program Administ	rator Signature	Date
Printed Name		
County		
Address		
Telephone		