

**APPLICATION FOR CERTIFICATION OF  
SOCIAL REHABILITATION PROGRAM SERVICES**

INSTRUCTIONS: Attach this completed form with the facility's written Mental Health Program Plan (see list of required documents below). Please email the complete application and/or any questions related to the application to: [AdultMHCertification@dhcs.ca.gov](mailto:AdultMHCertification@dhcs.ca.gov)

For more information on the Mental Health Program Certification Section, visit our webpage at <https://www.dhcs.ca.gov/services/MH/Pages/Community-support-branch1.aspx>

<b>FACILITY/PROGRAM NAME</b>		<b>LICENSEE NAME</b>
<b>FACILITY/PROGRAM WEBSITE URL</b>		<b>FACILITY EMAIL ADDRESS</b>
<b>ADDRESS</b>		<b>COUNTY</b>
<b>CITY</b>	<b>ZIP</b>	<b>FACILITY/PROGRAM PHONE NUMBER</b>
<b>PROGRAM TYPE</b> (one program type per application)  <input type="checkbox"/> SHORT-TERM CRISIS  <input type="checkbox"/> TRANSITIONAL  <input type="checkbox"/> LONG-TERM	<b>NAME OF PROPOSED PROGRAM DIRECTOR</b>	
	<b>NAME OF PROPOSED ADMINISTRATOR</b>	
Will this facility be entering into a contract with any county's Mental Health Plan to accept Medi-Cal beneficiaries? If yes, please list the counties:	<b>NUMBER OF BEDS</b>	<b>IS THIS LOCATION CURRENTLY LICENSED TO PROVIDE OTHER SERVICES? IF YES, PLEASE DESCRIBE:</b>

<b>NAME OF PERSON COMPLETING APPLICATION</b>	<b>TITLE</b>
<b>PHONE NUMBER</b>	<b>EMAIL</b>
<b>SIGNATURE</b>	<b>DATE</b>

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

INSTRUCTIONS: Please submit the following documentation in the order that it appears with the Application for Certification of Social Rehabilitation Program Services cover sheet on top. All regulation sections refer to California Code of Regulations (CCR) Title 9.

1. Statement of Purpose
2. Completed Personnel Report (LIC500) including proposed staff schedules
3. Organizational Chart
4. Written description of offered program services including, but not limited to, the following:
  - Individual and group counseling
  - Crisis intervention
  - Planned activities
  - Family counseling
  - Client advocacy
  - Development of community support systems
  - Pre-vocational and vocational counseling
  - Socialization within the program
  - Use of the residential environment for community living and interpersonal skills
  - Additional services, if required in §532(b) and (c).
5. Policy and Procedure Manual referencing §531-533 including, but not limited to, the following:
  - Admission and exclusionary criteria
  - Discharge criteria
  - New client orientation procedures
  - Medical and psychiatric policies
  - Client involvement policies
  - Admission procedures
  - Treatment/rehabilitation plan development and review procedures
  - Discharge procedures
  - Staff in-service training and plan of supervision procedures
  - Consultants, paraprofessionals, and outside resource arrangements and policies
  - Transportation policies
  - Notification to DHCS of change in Program Director, bed count, physical location, facility name, and facility ownership policies.
6. Job descriptions and resumes of proposed staff including, but not limited to, the following:
  - Direct Care/Service Staff
  - Program Director
  - Administrator
  - Licensed Medical Professional (*responsible for medication monitoring*)
7. Templates to be utilized by the facility including, but not limited to, the following:
  - Admission Agreement
  - Admission Assessment
  - Treatment/Rehabilitation Plan
  - Treatment/Rehabilitation Plan Review
  - Discharge Summary
  - Plan of Supervision
  - In-Service Training Tracker