

APPLICATION FOR CHANGE IN CERTIFIED SOCIAL REHABILITATION PROGRAM

INSTRUCTIONS: Fill out Sections 1 and 6 for all Application for Change in SRP types. For a change in facility/program name, fill out Section 2. For a change in facility/program ownership, fill out Section 3. For a change in facility/program bed count, fill out Section 4. For a change in facility/program location, fill out Section 5. When completed, please email the application to:

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/Mental-Health-Program-Certification-Section.aspx>

SECTION 1 – FACILITY/PROGRAM INFORMATION	
FACILITY/PROGRAM NAME	PROGRAM DIRECTOR
CERTIFICATE NUMBER	

SECTION 2 – CHANGE IN FACILITY/PROGRAM NAME	
CURRENT NAME	PROPOSED NAME

SECTION 3 – CHANGE IN FACILITY/PROGRAM OWNERSHIP	
CURRENT OWNERSHIP NAME	PROPOSED OWNERSHIP NAME

SECTION 4 – CHANGE IN FACILITY/PROGRAM BED COUNT	
CURRENT NUMBER OF BEDS	PROPOSED NUMBER OF BEDS

SECTION 5 – CHANGE IN FACILITY/PROGRAM LOCATION	
CURRENT LOCATION	PROPOSED LOCATION

SECTION 6 – APPLICANT INFORMATION	
<i>My signature below confirms that there are no other changes to the programmatic aspects of the SRP. I understand if there are changes, I will need to submit a DHCS 1734 application packet.</i>	
PERSON COMPLETING APPLICATION	TITLE
TELEPHONE NUMBER	EMAIL
SIGNATURE	DATE