

Type of Program Service(s): <input type="checkbox"/> Outpatient Maintenance	STATE OF CALIFORNIA Department of Alcohol and Drug Programs	Type of Request(s) <input type="checkbox"/> Blanket Exception to Two-year History <input type="checkbox"/> Blanket Exception to Two Treatment Failures	
License No.		CSAT #	
Legal Entity		Street Address	
City	Zip Code	County	Telephone Number
Name of Sponsor			
D.B.A		Street Address	
City	Zip Code	County	Telephone Number
Number of patients refused admission in the past month for ineligibility with admission criteria.			
Describe the health problems in the program's vicinity which will be alleviated by a two-plus-two blanket exception. Attach county health reports and other official reports which illustrate known problems.			
Describe how the exception(s) being requested will help alleviate any problems described above.			
Describe the procedures and agreements your program has to assure that patients with medical problems will receive appropriate and prompt medical attention.			

Statement of Application and Compliance
(Article 9, Section 10136)

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 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.

I affirm that the information and statements contained in this application, to the best of my knowledge are truthful and accurate, and further, that I am duly authorized to submit an application to the Department of Alcohol and Drug programs for licensing consideration.

I have read all provisions of Subchapter 4, entitled "Narcotic Treatment Programs" (commencing with Section 9995 of Chapter 4 Title 9 of the California Administrative Code), and know the contents thereof.

I have determined that the proposed narcotic treatment program for which the attached application is submitted is operating in full conformance with all applicable State and Federal Statutes and Regulations.

Signed _____
Printed Name _____
Title _____
Date _____

Please send completed application (with any attachments) to:

**Department of Health Care Services
Narcotic Treatment Programs Unit
PO Box 997413
Sacramento, California 95899-7413**