

APPLICATION FOR CERTIFICATION OF
SOCIAL REHABILITATION PROGRAM SERVICES

INSTRUCTIONS: Attach this form with the facility's written program plan and one duty statement for each staff position title below.

Please send application to: Department of Health Care Services
Mental Health Services Division
Program Certification Unit
P.O. Box 997413, MS 2800
Sacramento, CA 95899-7413
Email: MHCUC@dohcs.ca.gov

FACILITY NAME AND ADDRESS			TELEPHONE & FAX	
PROGRAM TYPE (one program type per application) <input type="checkbox"/> SHORT-TERM CRISIS <input type="checkbox"/> TRANSITIONAL <input type="checkbox"/> LONG TERM	PROPOSED NUMBERS OF BEDS	Will this facility use funds awarded by the Mental Health Wellness Act of 2013 authorized under Senate Bill 82? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		Have you filed your licensing application with the CA Dept. of Social Services Community Care Licensing? If so, please provide the date submitted. <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:		
ADMINISTRATIVE STAFF INFORMATION: (Include Administrator, Program Director, Clinical Staff, and Consultants)				
NAME	POSITION TITLE	HIRE DATE	DEGREE	YEARS WORKED WITH MENTALLY DISABLED
Attach additional page if more space is needed.				
ADMINISTRATOR'S SIGNATURE				DATE

*Special Note

- List education in terms of highest degree completed (MA, BA, high school, GED).
- Experience working in a program serving people with mental disabilities, in the direct provision of services to clients, expressed in years and months.

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

- 1) Written medical psychiatric policies and practices in the health care and monitoring of medication of clients, as required by Section 532.1.
- 2) Financial records and financial plan of facility operations, as required by Section 533 (a)(2) and 533(d). Please include a copy of the program or agency's most recent financial audit.
- 3) Written description of range of program services offered, as required by Section 532.
- 4) Length of stay of clients, as required by Section 531.
- 5) Written policy of arrangements with consultants and involvement of community resources for clients, as required by Section 532.2(d) and (e).
- 6) Written plan of supervision and in-service training of staff, as required by Sections 532.2(g), and 532.6(h) and (j).
- 7) Statement of purposes, profile of program services and goals, as required by Section 533(a)(1).
- 8) Statement of admission and discharge criteria, including policy and procedure for orienting new clients, as required by Section 532.3(a), (b), and (c), include copy of admission agreement.
- 9) Organization chart.
- 10) Ratios of clients to direct program staff include latest 2 weeks staffing schedule.
- 11) Interdisciplinary professional staff resources and work schedules.
- 12) Facility's acknowledgment of, and procedures for implementation of client's rights (Title 22, Section 72453).
- 13) Statement of how clients are involved in the development and implementation of his/her treatment plan.
- 14) It is the responsibility of the facility to update the Department of Health Care Services of any changes in the above criteria within 30 days.

**All citations referenced are California Code of Regulations (CCR), Title 9 unless otherwise indicated.*