

FAMILY AND SOCIAL SERVICES ADMINISTRATION DIVISION OF MENTAL HEALTH AND ADDICTION CERTIFICATION AND LICENSURE 402 West Washington Street, Room W353 Indianapolis, IN 46204-2739

INSTRUCTIONS 1. Complete original application and all required attachments.

2. Forward to address in upper right corner of form.

I. GENERAL INFORMATION								
Legal name of applicant agency (As on file with the Indiana Secretary of State, if applicable.)								
Doing Business As (DBA) name of agency, if different								
Federal Employer Identification Number (FEIN)			Organization Structure of Applicant Agency (check one)					
	Governmental Entity Private Nonprofit				fit Private for Profit			
Name of Chief Executive Officer	(CEO) / owner of applicar	nt agency						
Street address of main business office location of applicant agency (A post office box number is not considered a location.) (number and street, city state, and ZIP code)								
Mailing address of applicant agency, if different from location address (number and street, city state, and ZIP code) County								
Mailing address of applicant agency, if different from location address (number and street, city state, and ZIP code)							County	
Telephone number Fax number E-mail address of CEO / owner								
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II. SITE(S) OF SERVICE								
Name of private mental health institution								
Address of private mental health institution (number and street, city state, and ZIP code)							County	
Number of beds	Population							
	☐ Eighteen (18) and over ☐ Under eighteen (18)							
Date of last fire / safety inspection (month, day, year)			Result			If result was with violation,		
			☐ Without violation ☐ With violation			attach a Plan of Correction.		
Date of last ISDH food protection survey (month, day, year)			Result			If result was with violation,		
	☐ Without violation ☐ With violation			attach a Plan of Correction.				
III. ACCREDITATION								
Accrediting Agency	Date of Survey (month, day, year)		e Dates of Accreditat month, day, year)	tion S	tatus of Ac	creditation	Program Standards or Manual*	
		From	То					
* Indicate inpatient, outpatient, residential (non-inpatient), addiction treatment, etc.								
IV. GENERAL CONDITIONS								
Upon licensure of a Private Mental Health Institution, the applicant shall abide by all laws, rules and administrative directive governing Private Mental Health Institutions. The applicant affirms that the statements and declarations contained herein are true and correct to								
the best of the applicant's knowledge.								
Signature of CEO / owner of applicant agency						Date (month, day, year)		