



APPLICATION FOR COMMUNITY MENTAL HEALTH CENTER CERTIFICATION

State Form 48161 (R7 / 4-17)

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

I. GENERAL INFORMATION

Information about the applicant agency is requested in this section. Information about ownership is required as stated in the attachments.

Legal name of applicant agency (As on file with the Indiana Secretary of State's Office, if applicable)

Doing business as (DBA) name of agency, if different

II. ACCREDITATION

Accrediting Agency

Date of Survey (month/year)

Accreditation expiration date (month, day, year)

III. ATTACHMENTS

Submit the attachments required for each certification. Label all documents to correspond to the Attachment List.

IV. GENERAL CONDITIONS

Upon certification for the requested service(s) and/or setting(s), the applicant agrees to abide by all laws, rules and administrative directives governing CMHC's. Please refer to Article 4 Community Mental Health Centers, Article 4.1 Community Mental Health Centers Certification, Article 8 Populations to be Serviced by Managed Care Providers funded by the Division of Mental Health and to be served by Community Mental Health Providers, Article 9 Minimum Standards for the Provision of Services by Community Mental Health Centers and Managed Care Providers, 42 CFR Part 2, Article 27 Human Services and Article 39 Health Records.

The applicant affirms that the statements and declarations contained herein are true and correct to the best of the applicant's knowledge.

Signature of chief executive officer / owner of applicant agency

Date (month, day, year)

Type or print the name of the signatory

Official Title

RETURN THIS APPLICATION FORM AND ALL REQUIRED ATTACHMENTS TO ADDRESS IN UPPER RIGHT CORNER OF FORM.