

*Virginia Department of Behavioral Health and Developmental Services*  
*"Helping Others"*  
**INITIAL PROVIDER APPLICATION FOR LICENSING**  
**Code of Virginia §37.2-405 & §35-46**

Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

**1. APPLICANT INFORMATION:** Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Names of all Owners and the percentage (%) of the organization owned by each** \_\_\_\_\_

**Chief Executive Officer or Director.** Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax Number:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**All Residential Services:** (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

**Community Liaison Name:** \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**2. ORGANIZATIONAL STRUCTURE:** Identify the organizational structure of the applicant's governing body.

**Check one(1) of the following:**

Non-Profit       For-Profit

**Check one(1) of the following:**

Individual (proprietorship)       Partnership  
 Corporation       Unincorporated Organization or Association

**Public agency:**

State     Community Services Board     Other

**Identify accrediting or certifying organization from the following:**

Accreditation Council for Services for People with Developmental Disabilities       Virginia Association of Special Education Facilities  
 Joint Commission on Accreditation of Health Care Organizations       Other association or organization:  
 Commission on Accreditation of Rehabilitation Facilities \_\_\_\_\_

**3. APPLICANT PARENT COMPANY INFORMATION:** Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### APPLICATION SERVICES

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the *population served*, when required, as Adults, Adolescents, or Children in the “Licensed As Statement” section.

Check One	Service	Program	Description	License As Statements
	01	001	ID Group Home Srv	An intellectual disability residential group home service for adults
	01	003	MH/SA Group Home Srv	A mental health and/or substance abuse residential group home service for adults
	01	004	Group Home Srv-REACH	A REACH intellectual disability residential therapeutic respite group home service for adults
	01	005	ICF-IID Group Home Srv	An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults
	01	006	SA Residential Treatment Srv	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Srv	A brain injury residential treatment center for adults
	01	011	ID Supervised Living Srv	An intellectual disability supervised living residential service for adults.
	01	012	MH Supervised Living Srv	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Srv	A substance abuse supervised living residential service for adults
	01	016	SA Halfway House Srv	A substance abuse residential halfway house for adults
	01	019	MH Crisis Stabilization Srv	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Srv	A mental health residential crisis stabilization service for children and adolescents
	01	021	MH Crisis Stabilization Srv-REACH	A REACH mental health residential crisis stabilization service for adults
	01	022	ID Crisis Stabilization -Residential	An intellectual disability residential crisis stabilization service
	01	025	Managed w'drawal - Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Srv	A substance abuse residential treatment service for women and women with their children
	01	036	ID Residential Respite Srv	An intellectual disability residential respite service for adults
	01	037	ID Residential Respite Srv	An intellectual disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Srv	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Srv	A substance abuse intensive outpatient service for adolescents
	02	004	ID Center-Based Respite Srv	An intellectual disability center-based respite service for adults
	02	005	ID Center-Based Respite Srv	An intellectual disability center-based respite service for children and adolescents.
	02	006	ID Day Support Srv	An intellectual disability center-based day support service for adults
	02	007	ID Day Support Srv	An intellectual disability center-based day support service for children and adolescents
	02	008	ID Day Support Srv	An intellectual disability non center-based day support service for adults
	02	009	ID Day Support Srv	An intellectual disability non center-based day support service for children and adolescents
	02	010	DD Day Support Srv	A developmental disability day support service for (population served) ( )
	02	011	MH Psychosocial Rehabilitation Srv	A mental health psychosocial rehabilitation service for adults

### APPLICATION SERVICES

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the population served, when required, as Adults, Adolescents, or Children in the “Licensed As Statement” section.

	02	014	Therapeutic Afterschool MH Srv	A mental health non-school based therapeutic day treatment service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Srv	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Srv	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Srv	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	029	Therapeutic Day Treatment Srv for Children and Adolescents	A mental health school based therapeutic day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Srv	A mental health community support service for (population served) with serious mental illness ( )
	03	004	Mental Health Supportive In-Home Srv	A mental health supportive in-home service for children and adolescents
	03	011	ID Supportive In-Home Srv	An intellectual disability supportive in-home service for children, adolescents and adults
	03	013	REACH ID Supportive In-Home Srv	A REACH intellectual disability supportive in-home service for children, adolescents and adults
	04	001	Psychiatric Unit Srv	A mental health and/or substance abuse inpatient psychiatric service for adults
	04	005	Psychiatric Unit Srv - Children	A mental health and/or substance abuse inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Srv	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Srv for children and adolescents Srv	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Srv	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Srv	A mental health/substance abuse emergency/crisis intervention service for children, adolescents and adults
	07	002	Emergency Services/Crisis Intervention Srv	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	003	Outpatient MH Srv	A mental health outpatient service for (population served) ( )
	07	004	Outpatient MH/SA Srv	A mental health and substance abuse outpatient service for (population served) ( )
	07	005	Outpatient SA Srv	A substance abuse outpatient service for adults (population served) ( )
	07	006	Outpatient Srv /Crisis Stabilization Srv	A mental health non-residential crisis stabilization service for adults/children/adolescents
	07	007	MH Outpatient Srv/Crisis Stabilization -REACH	A REACH mental health crisis stabilization outpatient service for adults
	07	009	ID Crisis stabilization - Non –Residential Srv	An intellectual disability NON-residential crisis stabilization service
	07	010	Outpatient Srv-ABA	A mental health/developmental disability outpatient community-based applied behavioral analysis service
	07	011	Outpatient Managed w'drawal - Medical Detox Srv	A substance abuse outpatient managed withdrawal medical detox service for adults
	08	011	Sponsored Residential Homes Srv	An intellectual disability sponsored residential home service for adults
	08	013	Sponsored Residential Homes Srv	An intellectual disability sponsored residential home service for children and adolescents
	08	014	MH Sponsored Residential Homes Srv	An mental health sponsored residential home service for (population served) ( )
	09	001	Out-of-Home Respite Srv	An out-of-home respite service for adults

### APPLICATION SERVICES

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the *population served*, when required, as Adults, Adolescents, or Children in the "Licensed As Statement" section.

	09	002	Out-of-Home Respite Srv	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite Srv	An out-of-home respite crisis stabilization service for (population served) ( )
	10	001	In-Home Respite Srv	An in-home respite service for adults
	10	002	In-Home Respite Srv	An in-home respite service for children and adolescents
	10	003	In-Home Respite Srv	An in-home respite crisis stabilization service for (population served) ( )
	11	001	Correctional Facility RTC Srv	A mental health service in a correctional facility
	14	001	Level C MH Children Residential Tx Srv	A Level C mental health children's residential treatment service for children with serious emotional disturbance
	14	004	MH Children Residential Tx Srv	A mental health children's residential treatment service for children with serious emotional disturbance
	14	007	SA Children Residential Tx Srv	A substance abuse children's residential treatment service for children
	14	008	MH Children Group Home Residential Srv	A mental health children's group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Srv	A substance abuse children's group home residential service
	14	035	ID Children Group Home Residential Srv	An intellectual disability children's group home residential service
	14	048	ICF-IID Children Group Home Residential Srv	An ICF-IID residential group home residential service for children
	16	001	Case Management Srv	A MH, ID, SA case management services for children, adolescents and adults
	16	002	ID Case Management Srv	An intellectual disability case management service
	16	003	SA Case Management Srv	A substance abuse case management service
	16	004	MH Case Management Srv	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Srv	A mental health case management service for children and adolescents
	17	001	Intensive Community Treatment Srv (ICT)	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment Srv (PACT)	A mental health intensive community treatment (PACT) service for adults with serious mental illness

(Last revised 8/24/2015- highlighted in red)

**5. SERVICE INFORMATION:** Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

**Service Director:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Client Demographics (check all that apply):

Male  Female  Both  Child  Adolescent (Min. & Max. Age Range) \_\_\_\_\_

Accreditation/Certification by: \_\_\_\_\_

**LOCATION**

**6. Location Name:** \_\_\_\_\_ **# of beds:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Location Manager:** \_\_\_\_\_ **Phone:**( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT**

Name	
Address	

**8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS**

<b>Financial Records</b>	Address: _____ City: _____ County _____ State: _____ Zip: _____
<b>Personnel Records</b>	Address: _____ City: _____ County _____ State: _____ Zip: _____
<b>Residents' Records</b>	Address: _____ City: _____ County _____ State: _____ Zip: _____

<b><u>REQUIRED ATTACHMENTS</u></b>	<i>Children's Residential Service Regulations</i>	<i>All Other Services Regulations</i>
1. ↑ <b>The Completed Application form</b>	§12 VAC 35-46-20 (D)(1)	§35-105-40(A)
2. ↑ <b>A Working Budget</b> (appropriated revenues and projected expenses for one year –a 12-month period)	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-190 (A)(2)	§35-105-40(A)(1)
3. ↑ <b>Evidence of financial resources</b> or line of credit sufficient to cover estimated operating expenses for ninety days (and must be maintained on an ongoing basis)	§12 VAC 35-46-180	§35-105-210(A) & §35-105-40(A)(2)
4. ↑ A copy of the <b>Organizational Structure</b> , showing the relationship of the management and leadership to the service	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-20 A	§35-105-190(B)
5. ↑ <b>Complete Service Description</b> (including philosophy and objectives of the organization, comprehensive description of population to be served, admission, exclusion, continued stay, discharge/termination criteria, a description of services or interventions to be offered, brochures, pamphlets distributed to the public, a copy of the proposed program schedule, etc)	§12 VAC 35-46-20 (D)(1)	§35-105-40 & §580(C), §570
6. ↑ <b>Record Management Policy</b> addressing all the requirements of the regulation	§12 VAC 35-46-20 B [1-5] §12 VAC 35-46-180. C	§35-105-40 & §870(A), 390
7. ↑ <b>Staffing Schedule &amp; Written Staffing</b> plan (use staff information sheet to list potential staff members with designated positions & qualifications, etc.), relief staffing plan, & comprehensive supervision plan	§12 VAC 35-46-180	§35-105-590
8. ↑ <b>Resumes of all</b> Identified Staff, particularly services director, QMRP, QMHP, and licensed personnel.	§12 VAC 35-46-270 (B)(1)	§35-105-420(A)
9. ↑ <b>Position Descriptions-</b> copies of <b>all</b> position(job) descriptions that address all the requirements (position descriptions for case management, ICT and PACT services must address the additional regulations for those services).	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-280, §12 VAC 35-46-340 & §12 VAC 35-46-350	§35-105-40 & §410(A)
10.↑ <b>Evidence of Authority</b> to conduct Business in Virginia. Generally this will a copy of the applicant's State Corporation Commission Certificate.	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-320	§35-105-40(A)(3) and §190(B)
11.↑ <b>Certificate of Occupancy</b> – for the building where services are to be provided (except home-based services),	§12 VAC 35-46-20 (D)(1)	§35-105-260
<i>And for residential services:</i>		
1. ↑ Copy of the Building floor plan, with dimensions	§12 VAC 35-46-20 (D)(1)	§35-105-40 (B)(5)
13.↑ Current Health Inspection	§12 VAC 35-46-20 B	§35-105-290
14.↑ Fire Inspection, if over eight residents	§12 VAC 35-46-20 (D)[1-4]	§35-105-320
<b>Children's Residential Service Only</b>		
15.↑ Articles of Incorporation, By- laws, & Certificate of Incorporation	§12 VAC 35-46-20 (D)(1)	Facility operated by a <b>VA corporation</b>
16. Articles of Incorporation, By- laws, & Certificate of Authority	§12 VAC 35-46-20 (D)(1)	Facility operated by a <b>out of state corporation</b>
6. ↓ Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§12 VAC 35-46-20-170	Facilities with a <b>Governing Board</b>
7. ↑ References for three officers of the Board including President, Secretary and Member-at-Large	§12 VAC 35-46-20 D	Facility operated by <b>Corp., an unincorporated Organization, or an Association</b>

**Current/Past Provider Services**

Please identify 1) the legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held, 2) previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and 3) the names and dates of any disciplinary actions involving the applicant's current or past licensed services. If none, please indicate, "NONE" in the space below.

**Current Services:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Services:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sanctions/Negative Actions/Disciplinary Actions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificate of Application**

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

*I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*

*I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.*

*I understand that unannounced visits will be made to determine continued compliance with regulations.*

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.**

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing  
Department of Behavioral Health and Developmental Services  
Post Office Box 1797  
Richmond, Virginia 23218-1797**