

CRISIS STABILIZATION CENTERS

PART I – ENTITY INFORMATION

A. Applicant's Legal Name	Applicant's Legal Name, including DBA, as appropriate								
Legal Name	Proposed Program's Name, including DBA, as appropriate								
В.	Current Entity Type:								
Type of Entity	 Not-for-Profit Corporation Business Corporation Limited Liability Company Public Agency State County Municipality Public Benefit Corporation Other (specify) 								
	Include as ATTACHMENT #3 appropriate establishment documentation.								
С	All Entities	OASAS/OMH Provider/Agency #	Employer ID #						
Entity Identification									
	Not-for-Profit Entities Only	NYS Charities Registration #	Documentation of Tax-Exempt Status						
		Include as ATTACHMENT #4 a copy of the letter of registration or exemption letter, as appropriate.	Include as ATTACHMENT #5 a copy of the most recent IRS Tax Exemption Letter, if applicable.						
D.	Check Each License, Certification and/or Accreditation Held (include out-of-state licenses, etc. in "Other")								
Entity Licenses, Certifications and Accreditations	 NYS Office of Addiction Services and Supports NYS Office of Mental Health NYS Department of Health NYS Department of Education Council on Accreditation of Rehabilitation Facilities NYS Department of Rehabilitation Facilities NYS Department of Rehabilitation Facilities 								
	Include as ATTACHMENT #6 a copy of all current licenses, operating certificates, recertification reports, and/or accreditation checked above.								
E. Entity Experience	or otherwise authorized by C #7 , the identification of the	nt mental health and/or addictions experien MH, OASAS or the NYS Department of H owners/principals listed in Part 1, Section or addictions experience, and a brief descrip	lealth (DOH). Include as Attachment on <i>F</i> , who have prior experience in						

NEW YORK STATE OFFICE OF MENTAL HEALTH OFFICE OF ADDICTION SERVICES AND SUPPORTS CRISIS STABILIZATION CENTERS

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F.	List all current members of the Governing Authority As appropriate to the type of entity, provide information below on: (1) each partner of a limited liability company, (2) each member of the board of directors of a not-for-profit corporation or (3) each governing body member or holder of voting rights of a business corporation or limited liability company and each principal stockholder (i.e., non-governing body stockholder controlling 10% or more of the stock) of the business corporation or limited liability company.									
	Each governing authority member/principal stockholder listed must complete, sign and date the Governing Authority Questionnaire provided in Appendix I.									
Entity Governing Authority and Principal Stockholder s (Non- Government	Name of Member (M) and/or Principal Stockholder (S)	M or		Required for Members/Principal Stockholders of Business Corporations/LLCs Only		al				
	Note: A check mark in the box indicates inclusion of the Governing Authority Questionnaire	S	Social Security #	Stock Held or Share of Distributions		Voting Rights Held				
				Shares Held	Percent	Amount	Percent			
al Entities Only)										