

Instructions for Community Mental Health Centers:

Provisional license application: Under Section A, for additional locations/satellites other than the primary location listed on the previous page, please check the box under "Additional Location or Satellite Requested" for the appropriate level of care. For each location, please complete Section B.

Re-licensure application: Under Section A, report the number of existing locations/satellites under "Number of Locations or Satellites, Not Including Primary Location". If adding a location, check the appropriate box under "Additional Location or Satellite Requested", and complete Section B. Provide an attachment to this application as requested under Section C, if needed.

Addition of Location/Satellite application: Under Section A, report the number of existing locations/satellites under the "Number of Locations or Satellites, Not Including Primary Location", then check the box marked "Additional Location or Satellite Requested". Under Section B, complete the location information for each additional location/satellite.

A.	NUMBER OF LOCATIONS OR SATELLITES, NOT INCLUDING PRIMARY LOCATION	ADDITIONAL LOCATION OR SATELLITE REQUESTED
Community Mental Health Center (CMHC)	_____	<input type="checkbox"/>

B. Additional Location Information: (If adding more than one location/satellite, attach to this application the same information as required below for each location.)

Name of Facility _____

Physical Location of Facility _____

(Street) (City)

(County) (State) (Zip Code)

Telephone number _____

(Include Area Code)

Administrator _____

If this is an additional Community Mental Health Center location, detail what services will be provided at the new location:

C. For licensure renewals and addition of location/satellites only: Provide a detailed list of each existing location/satellite, not including the primary location, as an attachment to this application. The listing should include the same information requested in part B.

IV.

CONTROL (Check one in each column.)

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

V. OWNERSHIP Name and address of direct owner

NOTE: Provide the following supporting documentation as an attachment to this application:

- The name, mailing address, email address and phone number each person or legal entity having an ownership interest in the facility or service;
- If owned by a corporation, the name, mailing address, email address and phone number of each officer or director of the corporation;
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

VI. FIRE MARSHAL (FOR PROVISIONAL, ADDITIONAL LOCATIONS/SATELLITES, AND CHANGE OF LOCATION APPLICATIONS.)

Please submit documentation of the Fire Marshal's approval for the location(s) where services will be provided. Final approval from the Fire Marshal shall be considered current if approved within 12 months from the date the Office of Inspector General receives the licensure application. If your facility has not been inspected and approved within the previous 12 months, please contact the Fire Marshal's Office to request an inspection.

An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.

I understand that as a condition precedent to provisional licensure, this facility/service shall be in compliance with all state and federal statutes and administrative regulations applicable to the license requested.

I understand that **any change** in the information provided in within this application affecting the licensure status of this facility or service will be reported to the Office of Inspector General and **a new application** will be completed at that time. I agree that this facility/service and all aspects of its operation shall allow all state agency licensure personnel entrance upon its premises for the purpose of inspection. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application may result in denial or revocation of licensure.

Signature of Authorized Representative

Title

Date

Submit the application, fee and supportive documentation to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

For Office Use Only: Check # _____ Amount _____