

Oklahoma Department of Mental Health  
and Substance Abuse Services

**COMMUNITY RESIDENTIAL MENTAL HEALTH FACILITY**  
**INITIAL APPLICATION FOR PERMIT FOR TEMPORARY OPERATION**

A. \_\_\_\_\_  
(Legal Name of Organization) (Administrator)

B. \_\_\_\_\_  
(Administrative/Mailing Address)

C. \_\_\_\_\_  
(Physical Address of Residential Facility)

Directions to physical address from nearest highway: \_\_\_\_\_  
\_\_\_\_\_

D. Phone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

E. I hereby request a site review by representatives of the Department of Mental Health and Substance Abuse Services (DMHSAS) to determine compliance with DMHSAS Standards and eligibility to provide the following service(s):

Residential Care Facility       **Enhanced** Residential Care Facility

G. Bed Capacity: \_\_\_\_\_ # of Beds

H. Population:  
 Females       Males

I. Enclosed are copies of the following information:

(a) A non-refundable fee (check or money order) payable to the Oklahoma Department of Mental Health and Substance Abuse Services in the amount of \$100

(b) **Current and approved fire inspection** from **local fire department or State Fire Marshal** - inspections from private companies will **NOT** be accepted. *(if violations are cited on an inspection, corrections must be noted as approved; report must be dated within the current year)*

(c) Organizational Chart with all names and positions delineated, as well as dates of hire

(d) List of Board Members, including addresses and phone numbers

(e) Certificate of Incorporation or Limited Liability Company

(f) State Health Department Licensure

(g) State Health Department inspection (last complete inspection to include your facility's corrections and Health Dept. letter of acceptance)

(h) Current licensure from the Oklahoma State Board of Examiners for Long Term Care Administrators (OSBELTCA)

(i) Documentation of 8 hours of training on mental health and substance use disorder-related subjects. These eight (8) hours of training can be included in the hours of training required to maintain licensure through OSBELTCA, but must include at least one (1) hour of training regarding substance use disorders and intervention strategies and three (3) hours of training must be in pre-approved behavior management.

(j) Number of hours administrator is on-site each week

(k) CPR and first aid training

Mail application, documents requested in I, and check to:  
ODMHSAS Provider Certification, 2000 N. Classen Blvd., 2-600, Oklahoma City, OK 73106  
(405) 248-9029

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**Statement of Understanding**

**(Application will not be processed unless each item below is reviewed and checked by provider.)**

- I hereby assure that the applicant organization operates without discrimination as to race, color, gender, age, degree of disability, handicapping condition, veteran status, religion, or ethnic origin.
- I acknowledge that the granting of certification by ODMHSAS is not a commitment from ODMHSAS to contract with this organization.
- As an authorized representative of the applicant organization, I verify this application and attached documents are true and correct.
- I understand that if I fail to provide required and requested materials within sixty days of receipt of the application, my application will be denied.
- I acknowledge that my agency's certification review will be conducted under the ODMHSAS Standards and Criteria in effect at the time application is made. (OAC 450:1-1-3)***

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Administrator)

\_\_\_\_\_  
**(Printed Name of Administrator)**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
**(Printed Name of Owner)**

An **FAQ** portion may be accessed on the ODMHSAS website at [https://www.ok.gov/odmhsas/Additional\\_Information/Provider\\_Certification/Frequently\\_Asked\\_Questions\\_-\\_ODMHSAS\\_Certification.html](https://www.ok.gov/odmhsas/Additional_Information/Provider_Certification/Frequently_Asked_Questions_-_ODMHSAS_Certification.html). It covers questions ranging from the application process to the certification process. There are also topics addressed that relate to specific rules. These topics can be located at: [https://www.ok.gov/odmhsas/Additional\\_Information/Provider\\_Certification/Communication\\_to\\_Providers\\_.html](https://www.ok.gov/odmhsas/Additional_Information/Provider_Certification/Communication_to_Providers_.html). Please utilize both of these links as a resource.

(revised 10/9/2018 – CL)