APPLICATION FOR CHILDREN'S CRISIS RESIDENTIAL MENTAL HEALTH PROGRAM (CCRP Mental Health Program) APPROVAL

1. Applicant(s) Name(s):		Head of Service: Administrator:	
2. Applicant Mailing Address:	City:	Zip Code:	Telephone: ( )
3. Delegate County Mental Health Plan (If applicable):			
4. Type of Ownership: ☐ Government Entity ☐ Non-Profit Organization			
5. Facility Name:		Telephone: ( ) Email Address (Not Required):	
6. Facility Street Address:	City:	Zip Code:	County:
7. Facility Mailing Address:	City:	Zip Code:	County:
8. Number of beds: Children's Crisis Residential Program: _____		Total Licensed Short-Term Residential Treatment Program (STRTP) beds:_____	
9. Operational Questions A. Do you have a current license to operate a STRTP? ☐ Yes ☐ No B. If the program serves children who are not experiencing mental health crises, does the applicant have a current mental health program approval to operate an STRTP? ☐ Yes ☐ No C. Will the STRTP operate solely as a CCRP? ☐ Yes ☐ No			
10. Age Groups to be admitted:_____			
11. The Children's Crisis Residential Mental Health Program Statement (Program Statement) and supporting documentation must be attached and submitted with this application form. The Program Statement should address how the CCRP will implement the CCRP Mental Health Program Interim Standards. Please review the CCRP Mental Health Program Interim Standards to ensure that the Program Statement contains all of the content and supporting documents required in Section 5. The headings of the Program Statement should be labeled to match the corresponding Section name and number from the CCRP Mental Health Program Interim Standards.			

12. I HEREBY CERTIFY that I have read and understood all statutes, regulations, and interim standards applicable to STRTP and CCRP. I FURTHER CERTIFY the CCRP shall comply with all applicable laws and regulations, as well as its own mental health program statement.		
Applicant's Signature:	Title:	Date:

Please submit your completed application to:
Delegate County MHP and to DHCS at:

Department of Health Care Services
Mental Health Services Division
ATTN: Licensing and Certification Branch
Licensing and Certification Section
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Email: CCRP@dhcs.ca.gov