

REQUEST FOR LICENSING APPLICATION PACKET

APPLICANT/OWNER NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ **COUNTY:** _____

- BRAND NEW FACILITY (*Not actively licensed by DDAP*)
- ADDING A NEW SITE TO AN EXISTING PROJECT (*Currently licensed by DDAP*)
- ADDING A NEW ACTIVITY TO AN EXISTING FACILITY (*Currently licensed by DDAP*)

SELECT ALL THE PROPOSED DRUG AND ALCOHOL ACTIVITIES TO BE PROVIDED BY THE FACILITY BELOW:

FREESTANDING NONHOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL (*Requires approval from local SCA and cannot be combined with an existing or potential activity*)
- OUTPATIENT
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- INPATIENT NONHOSPITAL (SHORT-TERM DETOXIFICATION)
- INPATIENT NONHOSPITAL (TRANSITIONAL LIVING FACILITY)
- NARCOTIC TREATMENT PROGRAM (*Requires DDAP License first*)

HOSPITAL AFFILIATED ACTIVITIES:

- INTAKE, EVALUATION AND REFERRAL (*Requires approval from local SCA and cannot be combined with an existing or potential activity*)
- OUTPATIENT
- PARTIAL HOSPITALIZATION
- INPATIENT NONHOSPITAL RESIDENTIAL TREATMENT AND REHABILITATION
- INPATIENT NONHOSPITAL (SHORT-TERM DETOXIFICATION)
- INPATIENT NONHOSPITAL (TRANSITIONAL LIVING FACILITY)
- NARCOTIC TREATMENT PROGRAM (*Requires DDAP License first*)

HOSPITAL BASED ACTIVITIES:

- INPATIENT HOSPITAL TREATMENT AND REHABILITATION
- INPATIENT HOSPITAL DETOXIFICATION

Please return this form to RA-licensureapps@pa.gov to continue with the application process.