

Correctional Treatment Center Report of Change Application Checklist for Change of Location

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS- *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF LOCATION

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and ID number (if known) • Brief description of request • Contact information (name, title, phone number, and email address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: California Health Alert Network (CAHAN) (https://www.calhospitalprepare.org/cahan) • Signature
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulations (CCR) section 79581]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent

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		<p>company. This parent company will have its own Employer Identification Number (EIN)</p> <ul style="list-style-type: none"> • Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supporting Documents	<p>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) [22 CCR sections 79583, 79819, 79821] AND/OR CERTIFICATE OF OCCUPANCY</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</p> <ul style="list-style-type: none"> • Contact OSHPD or the local building authority for Title 24 clearance • Submit an OSHPD Certificate of Occupancy or Construction Final
	Supporting Documents	<p>D.1-CONTROL OF PROPERTY</p> <p>Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee. Provide the floor plan of the property space being use.</p>
	Supporting Documents	<p>FLOOR PLAN</p> <p>Submit a floor plan that coincides with your office space</p>
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST</p> <p>The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form.</p>