

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Facilities Division
Substance Abuse Program
 P.O. Box 30664
 Lansing, MI 48909
 (517) 241-1970

**APPLICATION FOR A
 SUBSTANCE ABUSE LICENSE
 PREVENTION ONLY**

FOR OFFICE USE ONLY	
Check one:	
<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	RENEWAL
LICENSE NUMBER: _____	
CA NUMBER: _____	
CONSULTANT: _____	
DATE DUE: _____	

Mail a copy of this Application to the Regional Coordinating Agency listed on page 6 which corresponds with the program address. Return this ORIGINAL application to the address above. Pages 6 and 7 are instructions and do not need to be submitted with the application.

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

Program Legal Name			
Street Address (P.O. Box, if applicable)			
City	State	Zip Code	County
Telephone Number with Area Code	Fax Number with Area Code	E-Mail Address	
Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.			
A. For Profit	B. Sole Ownership	County Government	
Non-Profit	Corporation	State Government	
	Partnership	Hospital Authority	
	City Government	Other-Specify: _____	
Days of Operation: (Check appropriate days)			
Monday	Tuesday	Wednesday	Thursday
		Friday	Saturday
			Sunday
Hours of Operation: (Indicate AM/PM)			
_____ Monday	_____ Tuesday	_____ Wednesday	_____ Thursday
_____ Friday	_____ Saturday	_____ Sunday	
Program Director's Name:			

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc

LICENSED SERVICES

PREVENTION

Community Change, Alternatives, Information, Training (CAIT)

Check if classes are offered:

Highway Safety Education

Other Classes

Definitions of Prevention Service Categories

Services to reduce the risk of problems which might require that an individual enter the substance abuse treatment system.

Community Change, Alternatives, Information, Training (CAIT).

A prevention service that provides at least one of the following:

Community Change – Planned efforts designed to change specific conditions to reduce the probability that substance use problems will occur among residents of the community.

Alternatives – Providing planned non-treatment personal growth activities designed to help a participant meet personal needs and to reduce the risk of developing problems that might require that the individual enter the substance abuse treatment system.

Information – Providing information to the public designed to reduce the risk that an individual will develop problems that might require that the individual enter the substance abuse treatment system.

Training – Providing activities designed to improve the personal and social skills of an individual to avoid substance abuse problems, or who is in a position to help others avoid problems with substance abuse.

REQUEST FOR WAIVER OF RULE

New Requests for Waiver of a Licensing Rule

A separate waiver request form must be completed. **Submit Application Appendix A (LARA/SUB-020)**

Waiver Renewal Only

Cite rule number for which waiver request has been granted by the Substance Abuse Licensing Section and for which a renewal is being requested.

Rule #: _____ Rule #: _____

ASSURANCES

As program director, I am responsible to the governing authority of this program or its authorized agent for overall operation of the program. I have reviewed Article 6 of Public Act 368 of 1978, as amended, and the administrative rules applicable to the service(s) provided by this program, I believe my program is in compliance with the rules and the Act and is ready for on-site inspection.

I understand that I may request a waiver of a license rule and that it is my responsibility to complete the appropriate section of the application for a renewal of waiver or to submit a waiver request form for a new waiver request.

I authorize the Chief of the Substance Abuse Program or his or her representative to obtain from any source, information as to my ability to comply with Article 6 of Act 368 of 1978 as amended, and the Administrative Rules (R 325.14101 - R 325.14928).

I further certify that the information furnished in this application is true and accurate. Any information found to be false may result in my application being denied and my program licensure being revoked. Supportive documentation will be furnished upon request of the Substance Abuse Program. I have completely filled out this application and understand that if the application is found to be incomplete, the licensing process will be suspended until I have furnished missing or incomplete information.

By signing this application for licensure, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Program. Failure to do so may invalidate the license. I understand notice of change of ownership, governing authority or location must be **submitted** to the Substance Abuse Program **thirty (30) days** before the change takes effect. A copy of this application and attachments and subsequent changes to it will be maintained at my program.

Copies of this application and attachments have been sent to the following coordinating agency:

_____ on _____
(Date)

The **original application** is being submitted to the Substance Abuse Program.

Program Director Signature: _____ Date: _____
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed Name: _____
(Written signatures must also include printed name.)

As a member or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with the applicable licensing standards.

Signed: _____ Date: _____
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed: _____
(Written signatures must also include printed name.)

Title: _____

REGIONAL SUBSTANCE ABUSE COORDINATING AGENCIES

01. NorthCare

Substance Abuse Coordinating Agency
200 West Spring Street
Marquette, MI 49855
(800) 305-6564

**Serving: Alger, Chippewa, Delta, Luce, Mackinac,
Marquette, Menominee, Schoolcraft Counties**

08. NORTHERN MICHIGAN SUBSTANCE ABUSE SERVICES, INC.

2090 West M-32, Ste. C
P. O. Box 1278
Gaylord, MI 49735
(989) 732-1791

**Serving: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan,
Clare, Crawford, Emmet, Gladwin, Grand Traverse, Isabella,
Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta,
Midland, Missaukee, Montmorency, Oceana, Osceola, Ogemaw,
Oscoda, Otsego, Presque Isle, Roscommon, Wexford Counties**

09. GENESEE County CMH

420 W. Fifth Avenue
Flint, MI 48503
(810) 257-3201

Serving: Genesee County

10. ST. CLAIR COUNTY HEALTH DEPARTMENT

Thumb Region Substance Abuse Services
Coordinating Agency
3111 Electric Avenue
Port Huron, MI 48060
(810) 985-8900

Serving: Lapeer, Sanilac, St. Clair Counties

11. MID-SOUTH SUBSTANCE ABUSE COMMISSION

2875 Northwind Drive, Suite 215
East Lansing, MI 48823
(517) 337-4406

**Serving: Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia,
Jackson, Lenawee, Newaygo Counties**

14. KALAMAZOO CO. COMMUNITY MENTAL HEALTH SERVICES

Substance Abuse Services, Regional Coordinating Agency
Nazareth Complex
3299 Gull Road, PO Box 63
Nazareth, MI 49074-0063
(269) 553-8150

Serving: Barry, Branch, Kalamazoo, St. Joseph, Van Buren Counties

15. NETWORK 180

728 Fuller Avenue., NE
Grand Rapids, MI 49503
(616) 336-3765

Serving: Kent County

20. MACOMB CO. COMMUNITY MENTAL HEALTH

Office of Substance Abuse Services
Macomb County Building, 6th Floor
22250 Hall Road
Clinton Township, MI 48036
(586) 469-5278

Serving: Macomb County

27. OAKLAND COUNTY HEALTH DIVISION

Office of Substance Abuse
1200 N. Telegraph Road, Bldg. 34E
Pontiac, MI 48341
(248) 858-0001

Serving: Oakland County

28. LAKESHORE COORDINATING COUNCIL

324 Washington Street
P. O. Box 268
Grand Haven, MI 49417-0268
(616) 846-6720

**Serving: Allegan, Berrien, Cass, Muskegon,
Ottawa Counties**

29. SAGINAW COUNTY HEALTH DEPARTMENT

1600 North Michigan Avenue, Ste. 501
Saginaw, MI 48602-5395
(989) 758-3781

Serving: Saginaw County

33. WASHTENAW COMMUNITY HEALTH ORG.

Livingston-Washtenaw Substance Abuse
Coordinating Agency
P. O. Box 915
555 Towner Street
Ypsilanti, MI 48197
(734) 544-3000

Serving: Livingston, Washtenaw Counties

34. DETROIT DEPARTMENT OF HEALTH

Bureau of Substance Abuse
Herman Kiefer Health Complex
Main Bldg., Room 317, B Wing
1151 Taylor
Detroit, MI 48202
(313) 876-4566

Serving: City of Detroit

35. WESTERN U.P. SUBSTANCE ABUSE SERVICES COORDINATING AGENCY

902 W. Sharon Avenue
Houghton, MI 49931
(906) 482-7710

**Serving: Baraga, Dickinson, Gogebic, Houghton, Iron,
Keweenaw, Ontonagon Counties**

40. SOUTHEAST MICHIGAN COMMUNITY ALLIANCE

25363 Eureka Road
Taylor, MI 48180
(734) 229-3500

Serving: Monroe & Wayne Counties

41. BAY ARENAC BEHAVIORAL HEALTH

Riverhaven Coordinating Agency
5449 Hampton Place
Saginaw, MI 48604
(989) 497-1344

**Serving: Arenac, Bay, Huron, Montcalm, Shiawassee,
Tuscola Counties**

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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
SUBSTANCE ABUSE LICENSE, PREVENTION ONLY PACKET**

Authority: P.A. 368 of 1978, as amended

ALL APPLICANTS

Complete the standard license application (LARA/SUB-500) **UNLESS** application or renewal is to provide prevention services. Prevention-only applicants are to complete the LARA/SUB-502 application form.

WAIVER REQUESTS

Applicants who want to request a waiver of any licensing rule for the first time must complete the *Application Appendix A – Waiver Request* (LARA/SUB-020) form. If you presently have a waiver and wish to renew the request, complete the "Waiver Renewal Only" portion on the bottom of page 3 of the application.

APPROVED SERVICE PROGRAM/RESIDENTIAL SUB-ACUTE DETOXIFICATION

Applicants providing residential substance abuse services who wish to be designated as an "Approved Service Provider" or licensed to provide "Residential Sub-Acute Detoxification" are to complete the *Application Appendix B - Supplemental Application for Residential Sub-Acute Detoxification* (LARA/SUB-021) form and submit it with the application.

P.A. 309 of 1982 - SCREENING AND ASSESSMENT PROVIDER

To be designated as a screening and assessment provider under P.A. 309 of 1982, you must be licensed for Casefinding-Screening, Assessment, Referral, and Follow-Up (SARF) and complete *Application Appendix C – Supplemental Application for P.A. 309 Designation* (LARA/SUB-022) form and submit it with the standard application.

Questions pertaining to the submission of any of the above-mentioned forms can be answered by contacting Substance Abuse Licensing at (517) 241-1970.

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