

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
Bureau of Health Systems  
Division of Licensing & Certification  
Substance Abuse Licensing Section  
P.O. Box 30664  
Lansing, Michigan 48909

**DIRECTIONS FOR COMPLETING APPLICATION PACKET**

**ALL APPLICANTS**

Complete the white license application **UNLESS** the application or renewal is to provide prevention services in which case applicants are to complete the pink application (attached).

**WAIVER REQUESTS**

Applicants who want to request a waiver of any licensing rule for the first time must complete the green Appendix A 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 yellow Appendix B form and submit it with the white application.

**P.A. 309 SCREENING AND ASSESSMENT PROVIDER**

To be designated as a screening and assessment provider under P.A. 309, you must be licensed for Casefinding-Screening, Assessment, Referral, and Follow-Up (SARF) and complete the blue Appendix C form and submit it with the white application.

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

<p align="center"><b>Michigan Department of Community Health</b> Substance Abuse Licensing Section</p> <p align="center"><b>APPLICATION FOR A SUBSTANCE ABUSE LICENSE</b></p> <p align="center"><b>PREVENTION ONLY</b></p>	<p>Check one: <input type="checkbox"/> INITIAL    <input type="checkbox"/> RENEWAL</p> <p>LICENSE NUMBER: _____</p> <p>CA NUMBER: _____</p> <p>CONSULTANT: _____</p> <p>DATE DUE: _____</p>
<p>RETURN THIS <b>ORIGINAL</b> APPLICATION TO:</p> <p>Michigan Department of Community Health Bureau of Health Systems Division of Licensing &amp; Certification Substance Abuse Licensing Section P. O. Box 30664 Lansing, Michigan 48909</p>	<p><b><i>Mail copy of Application to the Regional Coordinating Agency that corresponds with the "CA Number" indicated above from the list on page 7 of this application.</i></b></p>

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 Community Health, Substance Abuse Licensing Section, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

DATE SUBMITTED \_\_\_\_\_

PROGRAM LEGAL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

P.O. BOX (If applicable) \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ MI, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ / \_\_\_\_\_  
Area Code

E-MAIL \_\_\_\_\_ FAX # \_\_\_\_\_

INDICATE THE TYPE OF ORGANIZATION THAT IS LEGALLY RESPONSIBLE FOR OPERATION OF THE PROGRAM. PLEASE COMPLETE BOTH PARTS A AND B.

- |   |  |  |
|---|--|--|
| <p>A. <input type="checkbox"/> For Profit<br/><input type="checkbox"/> Non-Profit</p> | <p>B. <input type="checkbox"/> Sole Ownership<br/><input type="checkbox"/> Corporation<br/><input type="checkbox"/> Partnership<br/><input type="checkbox"/> City Government</p> | <p><input type="checkbox"/> County Government<br/><input type="checkbox"/> State Government<br/><input type="checkbox"/> Hospital Authority<br/><input type="checkbox"/> Other-Specify</p> |
|---|--|--|

DAYS/HOURS OF OPERATION: \_\_\_\_\_

PROGRAM DIRECTOR'S NAME: \_\_\_\_\_

# 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. Must submit Appendix A (attached).

Waiver Renewal Only

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

Rule # \_\_\_\_\_ Rule: \_\_\_\_\_



# APPLICATION ATTACHMENTS

## PROGRAM DESCRIPTION

**NEW APPLICANTS:** Your application must include a tabulated, typewritten narrative describing Items A – F as identified below. The attachments must be clearly labeled with the program’s 1) name; 2) registration/license number as shown on the front of the application; and 3) date submitted. **DO NOT** submit copies of your operating procedure manual. We desire a description of the various policies and procedures called for below. Actual formats used need not be submitted; they will be reviewed at the preliminary licensing inspection. **All new applicants MUST SUBMIT ITEMS A-F,** Item E requires that you submit a copy of your notice of intent. This can be a copy of a legal ad from your local newspaper indicating that your program is applying for a substance abuse license (see sample given below) and/OR a copy of a notice which you sent to local churches, schools and incorporated non-profit civic organizations with the names and addresses to whom the notice was sent.

**RENEWAL APPLICANTS:** If the attachments for Items A – D and F have not changed since your previous submission, check the box that says “See Prior Application.” If an item has changed since your previous application, attach it and mark the box titled “Attached.”

**A. PROGRAM PHILOSOPHY, GOALS & OBJECTIVES.**

Attached     See Prior Application                      Ref. Lic. # \_\_\_\_\_

**B. TARGET POPULATIONS.** Specify geographic service delivery area and groups toward which services will be directed.

Attached     See Prior Application                      Ref. Lic. # \_\_\_\_\_

**C. METHODOLOGY.** Describe the methods, procedures and activities used to reach program goals and objectives. Describe individual or group counseling, family therapy, outreach efforts, etc. Prevention programs must indicate the specific activities provided. Describe classes offered (size, content, duration).

Attached     See Prior Application                      Ref. Lic. # \_\_\_\_\_

**D. ORGANIZATIONAL STRUCTURE.** Provide an organizational chart of your program. If part of a larger organization, show relationship.

Attached     See Prior Application                      Ref. Lic. # \_\_\_\_\_

**E. NEW APPLICANTS** are to attach copies of the NOTICE OF INTENT provided to churches, schools and incorporated non-profit civic organizations in the program’s proposed service delivery area of the program’s intent to provide substance abuse treatment, rehabilitation and/or prevention services.

Attached     N/A

**F.** Indicate the counties in which you will be providing Prevention-CAIT services:

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### SAMPLE NOTICE OF INTENT

(NAME AND ADDRESS OF APPLICANT PROGRAM) has applied for a license through the Michigan Department of Community Health. The license will allow us to provide (type of service to be licensed) substance abuse services. Comments should be directed to (name and address of coordinating agency.)

**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 an 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 Director of the Michigan Department of Community Health 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 Licensing Section. 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 Licensing Section. 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 Licensing Section thirty (30) days before the change takes effect.

A copy of this application and attachments were sent to the following coordinating agency:

\_\_\_\_\_ on \_\_\_\_\_  
Date

The original application is being submitted to the Substance Abuse Licensing Section.

Signed: \_\_\_\_\_  
Program Director Date

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 \_\_\_\_\_

Printed: \_\_\_\_\_ Title \_\_\_\_\_

## REGIONAL SUBSTANCE ABUSE COORDINATING AGENCIES

**01. PATHWAYS**

Substance Abuse Coordinating Agency  
369 U.S. 41 East  
Negaunee, MI 49866-1325  
(906) 226-0035

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

**08. NORTHERN MICHIGAN SUBSTANCE ABUSE SERVICES, INC.**

1165 Elkview Drive, Ste. 1  
P. O. Box 1278  
Gaylord, MI 49734  
(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 HEALTH DEPARTMENT**

Floyd J. McCree Courts & Human Services Building  
630 South Saginaw Street  
Flint, MI 48502-1540  
(810) 257-3201

**Serving:** Genesee County

**10. ST. CLAIR COUNTY HEALTH DEPARTMENT**

Thumb Region Substance Abuse Services  
Coordinating Agency  
3415 – 28<sup>th</sup> St.  
Port Huron, MI 48060  
(810) 987-8922

**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, **Serving:** City of Detroit  
Jackson, Lenawee, Newaygo Counties

**14. KALAMAZOO CO. COMMUNITY MENTAL HEALTH SERVICES,**

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

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

**15. NETWORK 180**

728 Fuller Ave., 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  
10 North Main Street  
Mt. Clemens, MI 48043  
(586) 469-5278 & 469-5920

**Serving:** Macomb County

**27. OAKLAND COUNTY HEALTH DIVISION**

Office of Substance Abuse  
250 Elizabeth Lake Road, Suite 1550  
Pontiac, MI 48341-1050  
(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) 758-3745

**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., Rm. 317, B Wing  
1151 Taylor  
Detroit, MI 48202  
(313) 876-4566

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

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

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

**40. SOUTHEAST MICHIGAN COMMUNITY ALLIANCE**

25363 Eureka Rd.  
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