



**Behavioral Health Licensing Unit**

Two Peachtree Street NW, Suite 23.277, Atlanta, GA 30303-3142 Telephone 404-657-1652 Fax 770-359-4655

**CRISIS STABILIZATION UNIT  
APPLICATION PACKET FOR RENEWAL LICENSURE**

This is an application to apply for a **renewal of a Crisis Stabilization Unit License**. Other requirements for licensure and informational materials are available on line at <http://dbhdd.georgia.gov/behavioral-health-licensing-unit>

A Crisis Stabilization Unit (CSU) is a medically monitored, short-term residential program licensed by the Department of Behavioral Health and Developmental Disabilities as an emergency receiving and evaluating facility to provide psychiatric stabilization and detoxification services twenty-four (24) hours a day, seven (7) days a week.

This application may be used to apply for:

- **Renewal** of a currently held license.

No application will be acted upon until the Department determines that the application is complete with all required attachments submitted, as required by the Rules and Regulations for the Department of Behavioral Health and Developmental Disabilities, Adult Crisis Stabilization Units, Chapter 82-3-1, and Children and Adolescent Crisis Stabilization Units, Chapter 82-4-1.

- It shall be the responsibility of the CSU to complete and submit a renewal application for licensure which is **postmarked at least 90 calendar days prior to the expiration date of the current license**.
- Prior to the expiration of the initial license, the Department shall conduct a review of the CSU for compliance with all applicable rules and regulations;
- Pursuant to a satisfactory review, the Department shall issue a license which shall be valid for a period of up to two years;
- If the CSU fails to submit the completed renewal application, the Department shall provide notice by certified mail advising that unless the renewal application and licensure review is satisfactorily completed, the CSU is operating without a valid license and is subject to sanctions.

***Note: A separate application for renewal licensure must be submitted for each CSU location.***

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## REQUIREMENTS FOR RENEWAL OF CSU LICENSURE

All application materials must be submitted to the Department **no later than ninety (90) calendar days prior to the expiration date of the current license** and must include the following:

1. An accurate and complete renewal application form;
2. A twenty-four (24) hour staffing plan which includes all staff and other persons providing services to individuals at the CSU and the Crisis Service Center and the Temporary Observation Unit (if applicable);
3. *If expired or changed since initial application*, photocopies of *current* operating agreements with treatment facilities for psychiatric, addictive disease and physical health care needs that are beyond the scope of the CSU;
4. *If changes have occurred since initial application*, a program description **signed by the Medical Director** that includes, consistent with Departmental rules, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet CSU admission criteria;
5. A copy of a *current* fire safety inspection report indicating approval by the local fire authority, in whose jurisdiction the CSU is based, conducted within the last 12 months;
6. Documentation of the *most recent* accreditation as required by Departmental policy.

### ADDITIONAL DOCUMENTATION

1. Copy of a *current* Commercial General Liability or Comprehensive Liability Insurance Certificate;
2. *If changes have occurred since initial application*, a *current* copy of organizational chart of the agency.
3. *If there has been a change in CEO, or if an affidavit has never been submitted by the current CEO*, a signed and notarized U.S. Citizen/Qualified Alien Affidavit, with required documentation.

## **SUBMISSION REQUIREMENTS**

The completed DBHDD application, with all required documentation must be submitted simultaneously. **The Department will not accept incomplete application packets.**

Application and supporting documentation must include a single hard copy of all elements, submitted in a 3-ring binder, appropriately labeled and tabbed for easy review. **Documents must be submitted in the same order as listed on the checklist.**

Completed packets must be returned via U.S. Postal Service or other recognized mail carriers, such as UPS, Fed-Ex, DHL, etc.

Please mail completed application, with supporting documentation to:

**Department of Behavioral Health and Developmental Disabilities  
Behavioral Health Licensing Unit  
2 Peachtree Street  
Suite 23.277  
Atlanta, Georgia 30303-3142**

***HAND DELIVERIES WILL NOT BE ACCEPTED***

**CSU APPLICATION FORM**  
**Application for RENEWAL Licensure**

<input type="checkbox"/> <b>ADULT CSU</b>	<input type="checkbox"/> <b>CHILD/ADOLESCENT CSU</b>
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**Does this CSU have contracted services for a Crisis Service Center and a Temporary Observation Unit?**    Yes    No

Current License #: \_\_\_\_\_

Expiration Date of Current License: \_\_\_\_\_

**1. Provider Information\***

**A. Legal Name:** \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

FEI Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**B. Owner (if applicable):** \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**C. Corporate/Agency Chief Executive Officer:** \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\* Any change in: name; address; telephone number; ownership; CEO; CSU Director/Nursing Administrator; Medical Director; or any construction, renovation or modification of the building(s); or date of the cessation of operation of CSU requires notification in writing to the Department. See <http://dbhdd.georgia.gov/behavioral-health-licensing-unit> for CSU Change of Information Form.

**Provider Information\*** (continued)

**D. CSU Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

County in which CSU is located: \_\_\_\_\_

**E. CSU Director's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Nursing Administrator's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**F. Medical Director's Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**G. Contact Name** (Name of the person completing this application): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\* Any change in: name; address; telephone number; ownership; CEO; CSU Director/Nursing Administrator; Medical Director; or any construction, renovation or modification of the building(s); or date of the cessation of operation of CSU requires notification in writing to the Department. See <http://dbhdd.georgia.gov/behavioral-health-licensing-unit> for CSU Change of Information Form



Professional Personnel Contractors		
Agency	Address	Phone #

If more space is necessary to respond to this section, a copy of this page may be attached as an additional appendix to this application and should be noted by the checking of this box.

### 5. Signature and Certification

I certify that all information in this application is correct and that all documents submitted with the application are originals or copies of the original documents. I understand that intentionally providing false information on this application or attachments is a violation of state law.

\_\_\_\_\_  
Chief Executive Officer or Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CEO or Administrator

\_\_\_\_\_  
Title

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (include Area Code)

\_\_\_\_\_  
E-mail

## OWNERSHIP ADDENDUM

Please complete this form if the owner is a partnership with persons as partners, or a corporation in which a person has an ownership interest of at least 25% of the business entity. Attach additional pages if necessary.

**The owner is a [select one]:**

**Limited Partnership – List each person who is a general partner.**

*(Attach additional pages if necessary.)*

Profit

Non-Profit

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Corporation or Limited Liability Company – List any person who has an ownership interest of 25% or more in the corporation or LLC.**

*(Attach additional pages if necessary)*

Profit

Non-Profit

Print Name: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_%

**U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT**  
**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from \_\_\_\_\_ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document\* provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_;

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

*AFFIX SEAL HERE*

\*See Appendix C

## Secure and Verifiable Documents List Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient
  - identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law<sup>1</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- 1 Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland
- Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)].

## APPLICATION CHECKLIST

**REMEMBER: All application materials must be submitted to the Department no later than ninety (90) calendar days prior to the expiration date of the current license.**

**Have you completed and included the following?**

- An accurate and complete renewal application form;
- A twenty-four (24) hour staffing plan which includes all staff and other persons providing services to individuals at the CSU, Crisis Service Center and the Temporary Observation (if applicable);
- If expired or changed since initial application*, photocopies of current operating agreements with treatment facilities for psychiatric, addictive disease and physical health care needs that are beyond the scope of the CSU;
- If changes have occurred since initial application*, a program description signed by the Medical Director that includes, consistent with Departmental rules, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet CSU admission criteria;
- A copy of a *current* fire safety inspection report indicating approval by the local fire authority, in whose jurisdiction the CSU is based, conducted within the last 12 months.
- Documentation of the *most recent* accreditation as required by Departmental policy;
- Copy of a *current* Commercial General Liability or Comprehensive Liability Insurance Certificate;
- If changes have occurred since initial application*, a *current* copy of the organizational chart of the agency, including names and titles of all employees.
- If there has been a change in CEO, or if an affidavit has never been submitted by the current CEO*, a signed and notarized U.S. Citizen/Qualified Alien Affidavit, with required documentation.