PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) LICENSURE/REQUEST FOR CHANGE IN BED CAPACITY APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 599 (5-2015)

Clear Fields

I. PROGRAM INFORMATION

Initial Date Submitted	☐ New PRTF ☐ Re-License ☐ Request for Change in Bed Capacity		
PRTF Name			
Address	City	State	ZIP Code + 4
Telephone Number	Toll-free Number	Fax Number	
Name of Director/Administrator			
Director/Administrator Telephone Number	Director/Administrator Email Address		
Name of Contact (if different)			
Contact Telephone Number	Contact Email Address		
Physical Address (if different from Mailing Address)	City	State	ZIP Code + 4
Current Licensed Provider Number (if applicable)	Agency Website		

II. GENERAL COMPREHENSIVE LIABILITY INSURANCE COVERAGE

Name of Carrier	
Policy Number	Term of Policy

III. VEHICLE LIABILITY INSURANCE COVERAGE

Name of Carrier	
Policy Number	Term of Policy

IV. NATIONAL ACCREDITATION

Accreditation Policy
Dates of Current Accreditation

V. CURRENT BED CAPACITY/AGES

From:	To:
Number of Males	Number of Females

VI. CHANGE IN BED CAPACITY (if applicable)

☐ Increase Bed Capacity - Number of Beds:

☐ Decrease in Bed Capacity - Number of Beds:

Describe in detail justification for the request and detailed plan for the use of the beds if you are requesting an increase.

VII. ATTACHMENTS

Attach a copy of the most recent independent financial audit report.

VIII. CERTIFICATION

I hereby certify that:

a. I have read and have a copy of the North Dakota Administrative Code, Chapter 75-03-17, “Psychiatric Residential Treatment Facilities for Children”, North Dakota Administrative Code, Chapter 75-02-09, “Rate Setting for Psychiatric Residential Treatment Facilities”.

b. The information contained in this application is true to the best of my knowledge and I grant permission for this information to be verified with the appropriate persons or agencies.

c. This facility, in accordance with Federal Executive Order #125490, is not presently debarred, suspended, proposed for department, declared ineligible, or voluntarily excluded by any Federal department or agency from participating in covered transactions. A covered transaction means a contract, oral or written agreement, grant, or any other arrangement where a contractor receives federal money from the State of other agency.

Agency Signature	Title	Date

Notary Signature	Date

Stamp:

For Department Use Only:

Facility License Number
Licensing Period From: To: