



## Florida Substance Abuse Licensure Application Checklist

### RELOCATION APPLICATION

(Change in Service)

#### Licensed Provider or Component

The checklist below provides applicants with a simple list of important documents and information which are required for licensure.

**Note:** Applications for licensure must be submitted initially and annually along with a licensing fee via the Provider Licensure and Designation System (PLADS) or the C&F-SA Form 4024. To facilitate the application process, complete all items on the application and be certain to upload or include all the required documents, as appropriate. Please note, the department has up to 30 days to notify providers regarding the status of their application(s).

A completed application must be submitted to the Department at least 30 days prior to relocation.

*Note: Page one of the C&F-SA Form 4024 refers to the agency's main headquarters. Pages 2 - 4 refer to the specific location and program component seeking licensure. (For Day and Night with Community Housing please list the housing addresses on the last page of the application).*

Item	Notes
<p>1. <input type="checkbox"/> <b>Agency Information:</b> Provide information that establishes the name and address of the applicant.</p> <ul style="list-style-type: none"><li>• Information that establishes the provider's Chief Executive Officer (CEO)</li><li>• The name of each member of the applicant's board (if a corporation)</li><li>• The names of any officers of the corporation</li><li>• The names of any shareholders</li></ul> <p>Note: For organizations which are incorporated, a copy from <a href="http://www.sunbiz.org">www.sunbiz.org</a> will suffice.</p>	
<p>2. <input type="checkbox"/> <b>Fire &amp; Safety:</b> Provide documents showing proof of compliance with local fire and safety codes, for each location.</p> <p>Note: If a private organization is used, the inspector must be licensed by State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple locations please use addendum listing addresses and corresponding expiration dates).</p>	



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<p><b>3. <input type="checkbox"/> Health (Facility &amp; Food) Inspections:</b> Provide documentation of compliance with health codes.</p> <p>Note: Health inspections apply to residential and intensive inpatient. For Day or Night with Community Housing, a health inspection is required unless the local Health Department issues a letter stating otherwise.</p>	
<p><b>4. <input type="checkbox"/> Business Tax Receipt (Occupational License):</b> Provide the Business Tax Receipt if required in your county or municipality for each address, excluding community housing.</p> <p>Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption.</p>	
<p><b>5. <input type="checkbox"/> Local Zoning Compliance:</b> Provide documents showing proof of compliance with local zoning codes for each address, excluding community housing.</p> <p>Note: Inmate programs operated within the Department of Corrections' facilities or contracted to the Department of Management Services, are exempt from this requirement.</p>	
<p><b>6. <input type="checkbox"/> Client Service Fee Schedule &amp; Policy:</b> Include client/individual fee schedule and policy regarding a client's / participants financial responsibility outlining what the client/participant is obligated to pay.</p> <p>Note: Inmate programs operated within Department of Corrections' facilities, or contracted to the Department of Management Services, are exempt from this requirement.</p>	
<p><b>7. <input type="checkbox"/> Application Item #29:</b> Include in block 29 (not as an attachment), a comprehensive but concise outline of the services to be provided. Each application should contain the program description for the component only. Space is limited to 1,000 characters.</p> <p>Note: Addictions Receiving Facilities, Detox and Residential programs should include licensed bed capacity in their program description.</p>	



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<p><b>8. <input type="checkbox"/> Provider CEO Information:</b> Provide documentation of the competency and ability of the applicant and its CEO to carry out the requirements of Chapter 65D-30, F.A.C.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"><li>• Curriculum vitae, or resume;</li><li>• Credentials</li></ul> <p>Note: Inmate Programs operated within Department of Corrections' facilities, or contracted to the Department of Management Services, are exempt from this requirement.</p>	
<p><b>9. <input type="checkbox"/> Financial Viability:</b> Provide proof of financial ability and organizational capability to operate in accordance with Chapter 65D-30, F.A.C.</p> <p>Note: Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information.</p>	
<p><b>10. <input type="checkbox"/> Policy and Procedure Manual:</b> Provide a copy of the applicant's indexed Policies and Procedures which show compliance with Common Licensing Standards, and programmatic operating procedures.</p>	
<p><b>11. <input type="checkbox"/> Current Insurance Coverage:</b> Provide documentation demonstrating professional and property liability insurance coverage. Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.</p> <p>Note: Inmate Programs operated directly by the Department of Corrections are exempt from this requirement.</p>	
<p><b>12. <input type="checkbox"/> Current Organization Chart:</b> Include the current organizational chart, with staff names, titles, and credentials.</p>	



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<b>13. <input type="checkbox"/> Level 2 Background Screening:</b> Provide level 2 fingerprinting and background screening information, and include OCA/identifier number from the DCF Regional Background Screening Coordinator for: <ul style="list-style-type: none"><li>• Owners,</li><li>• Chief Executive Officers (CEOs),</li><li>• Chief Financial Officers (CFOs),</li><li>• Directors</li></ul> Note: See <a href="http://www.dcf.state.fl.us/programs/backgroundscreening/">http://www.dcf.state.fl.us/programs/backgroundscreening/</a> to find the DCF Regional Background Screening Coordinator nearest you. (Re-screen applicable staff every five years).	
<b>14. <input type="checkbox"/> Local Law Enforcement Check:</b> Provide the results of the local law enforcement check for: <ul style="list-style-type: none"><li>• Owners,</li><li>• Chief Executive Officers (CEOs),</li><li>• Chief Financial Officers (CFOs),</li><li>• Directors</li></ul> Note: The licensee must re-screen applicable staff every five years, in the person's county of residence.	
<b>15. <input type="checkbox"/> Affidavit of Good Moral Character</b> Provide the notarized statement of good moral character for owner(s), CEO(s), and CFO(s).  Note: The form may be located at the following address: <a href="http://www.dcf.state.fl.us/programs/backgroundscreening/forms.shtml">http://www.dcf.state.fl.us/programs/backgroundscreening/forms.shtml</a>	
<b>16. <input type="checkbox"/> Application Fee:</b> Include the license fee. See Chapter 65D-30.0035(1), F.A.C. for the fee schedule.  Note: Please paperclip to the first page of the application packet.	
<b>17. <input type="checkbox"/> Application for Licensing:</b> CF-MH Form 4024 (September 2024)	