

## Application for Designation as a Receiving Facility

Name of Applicant Facility: \_\_\_\_\_

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

City: \_\_\_\_\_, FL Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Administrator: \_\_\_\_\_

Provide complete responses to the following questions and issues, attaching additional sheets where necessary.

1. Designation requested for:

- All populations
- Adults Only – Approved Transportation Exception Plan attached
- Minors Only – Approved Transportation Exception Plan attached

2. The following are the street addresses for each location at which persons will be received or treated for involuntary examination. Each will operate 24 hours / 7 day a week emergency services and psychiatric licensed beds.

Name of Facility	Street Address	City	Zip Code

3. Psychiatric services, including any distinct programs to be provided to each of the following consumer groups, and the projected numbers of persons to be served in each group are as follows:

	Psychiatric Services	Distinct Programs	Projected Number
Minors below 10 years of age			
Minors between the ages of 10 to 17 years			
Adults			
Persons 60 or more years of age			
Other specialty groups			

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4. The community need for maintaining or expanding the present level of service to meet the existing need, and why this applicant is best suited for this purpose. Included is information about the public's need for specialty services to specific age or disability groups. Evidence of such need may include certificate of need data and other information published by the Agency for Health Care Administration, the organization's or community's utilization of available or licensed psychiatric bed capacity, geographic accessibility information, input from local governmental agencies. (Attach response on separate sheet(s).)
5. The facility's compliance program, including key facility protocols which will be used to assure all involved practitioners and staff are knowledgeable of, and implement legal rights of persons served by the facilities and providers, key psychiatric care, records standards, complaint reporting, and investigation and reviews, to maintain a consistently high level of compliance with applicable Baker Act laws, ethical principles, and rights protections are as follows: (Attach response on separate sheet(s).)
6. The facility's complaint and grievance system, including any mandatory time frames is as follows. Attach pamphlet used by the facility to educate persons served by the facility and family members about this system. (Attach response on separate sheet(s).)
7. Protocols to prevent the organization, its staff, its contractors, and its privileged professionals from economic exploitation of, trafficking persons among facilities for economic purposes or similar activities prohibited by s. 817.505, F.S., and related statutes are as follows: (Attach response on separate sheet(s).)
8. Frequent, if not daily opportunity for persons to receive exercise, fresh air and sunshine, except as individually restricted and documented in the person's record and within the physical limitations of the facility are assured by the following: (Attach response on separate sheet(s).)
9. The means utilized to create a low stimulation or separate psychiatric emergency reception and triage area that minimizes individual's exposure to undue and exacerbating environmental stresses while awaiting or receiving services is as follows (general hospitals only): (Attach response on separate sheet(s).)
10. Continuing aftercare or post discharge psychiatric care services provided at the receiving facility other than referral or transfer are as follows: (Attach response on separate sheet(s).)
11. The facility's discharge planning policies provide for continuity of medication availability until post-discharge follow-up services are scheduled are as follows. (Attach response on separate sheet(s).)

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### **Certifications:**

Submission of this application constitutes authorization by the applicant and release for the Department of Children and Families, to make inquiries and obtain information about the conduct of the applicant, its key employees and contractors, and its psychiatric services management company, to verify the representations and information provided in this application. Application for designation as a receiving facility is agreement to abide by all statutes and rules governing the Baker Act and related laws.

I certify that the above information and information on the attachments is correct:

Signed for the Facility \_\_\_\_\_ Date \_\_\_\_\_

Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **Attachments:**

1. A copy of the facility's license issued pursuant to chapter 394 or 395, F.S., evidencing its eligibility to apply for designation.
2. A copy of the most recent state monitoring or licensing survey report.
3. Copy of the most recent survey report of the organization by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) or, if not JCAHO accredited, by another national accrediting body.
4. A current Certificate of Good Standing for the applicant organization issued by the Florida Secretary of State.
5. Documentation of the applicant's governing authority, authorizing the application for designation.