

Application for Chapter 24 Accreditation

Organization Name: Click here to enter text.	
Address: Click here to enter text.	Organization Phone Number: Click here to enter text.
Contact Person: Click here to enter text.	Website Address: Click here to enter text.
Email Address: Click here to enter text.	Telephone Number: Click here to enter text.

This is: ☐ **Initial** application or ☐ **Renewal** application. Date of Expiration: [Click here to enter text.](#)
 NPI Numbers: [Click here to enter text.](#)

Type of Organization:

- ☐ Case Management
- ☐ Supported Community Living Providers
- ☐ Crisis Response
- ☐ Designated Community Mental Health Center
- ☐ Mental Health Service Providers

Check the appropriate services for which you seek accreditation:

- ☐ Case Management
- ☐ Supported Community Living Providers
- ☐ Intensive Outpatient/Day Treatment
- ☐ Psychiatric Rehabilitation Services
- ☐ Outpatient Psychotherapy/Counseling Services
- ☐ Partial Hospitalization Services
- ☐ Emergency Services
- ☐ Evaluation Services
- ☐ Crisis Stabilization-Residential Services (CSRS)
- ☐ Crisis Evaluation
- ☐ Twenty-four-hour Crisis Response
- ☐ Twenty-four-hour Crisis Line
- ☐ Warm Line
- ☐ Mobile Response
- ☐ Evaluation Services
- ☐ Twenty-three-hour Crisis Holding/Observation
- ☐ Crisis Stabilization-Community Based Services (CSCBS)

Name of Chief Executive Officer Click here to enter text.	Name of Chairperson of Governing Body Click here to enter text.
Signature of Chief Executive Officer	Signature of Chairperson of Governing Body

Identify administrative office locations for the accredited services to be provided:

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.

Site Name Click here to enter text.
Address Click here to enter text.
Phone Number Click here to enter text.
Services Click here to enter text.
Counties Served Click here to enter text.