

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Regulatory Licensing Unit/Facility Licensing Group – Mail Code 2835
P.O. Box 149347, Austin, Texas 78714-9347
1-512-834-6600, ext. 2118 www.dshs.state.tx.us/hfp/
Faith Based Chemical Dependency Treatment Program
Application for Exemption Registration

Please Print or Type

Name of Organization Applying for Registration of Exemption for Faith-Based Treatment Program

Assumed Name of Organization (if applicable)

Federal Tax ID Number of Organization

Contact Person for Organization

Contact Person for Program

Mailing Address of Organization

City

State

Zip Code

Physical Address of Faith-Based Program to which Exemption Registration Application relates (**separate application is required for each program location seeking to register for faith-based exemption**)

City

State

Zip Code

()
Telephone

email

County

ATTESTATION STATEMENT

I attest that the above-referenced chemical dependency treatment program is eligible under Section 464.052, Subchapter C, of the Texas Health and Safety Code for exemption from licensure as a chemical dependency treatment facility. I attest that, if registered for a faith-based exemption, the faith-based program is required to and shall meet the following requirements for the duration of its exemption and acknowledge and agree that its exemption is subject to revocation for failure to comply with any of the following requirements or any other requirement under Section 464.052, Subchapter C, of the Texas Health and Safety Code:

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1. the chemical dependency treatment program is and will continue to be conducted by a religious organization; [a religious organization is defined as a church, synagogue, mosque, or other religious institution: (A) the purpose of which is the propagation of religious beliefs; and (B) that is exempt from federal income tax under the Internal Revenue Code (26 U.S.C.), Section 501(a) by being listed as an exempt organization under Section 501(c) of that code (26 U.S.C. Section 501(c)].
2. the chemical dependency treatment program is and will remain exclusively religious, spiritual, or ecclesiastical in nature;
3. the chemical dependency treatment program will not treat minors;
4. the chemical dependency treatment program will not provide medical care, medical detoxification, or medical withdrawal services;
5. the chemical dependency treatment program does and will comply with advertising and admission requirements for faith- based exempt programs; and
6. upon any change affecting the exemption of this program, I will notify the Department in writing within 10 working days; and

I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE DEPARTMENT'S STANDARD OF CARE RULES PERTAINING TO THIS EXEMPTION AND AFFIRM THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT:

Print Name of Authorized Representative of Organization Operating Program Title

Signature of Authorized Representative

Print Name of Chief Executive Officer/Director Title

Signature of Chief Executive Officer/Director Date

Include with this application, a copy of the Internal Revenue Service (IRS) determination letter documenting the organization's tax exempt status and a copy of the organization's articles of incorporation documenting the primary purpose of the organization is the propagation of religious beliefs **or** a letter from the State of Texas Comptroller's Office documenting the organization's religious tax exemption status. Direct your correspondence to: Texas Department of State Health Services, Regulatory Licensing Unit, Facility Licensing Group/Mail Code 2835, P.O. Box 149347, Austin, TX 78714-9347.