

## Substance Abuse Facility Licensure Application Checklist for Initial Applicants

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To apply for licensure, the applicant must submit: an application, licensure fees, application checklist and supplemental documentation as required by Chapter 448, Substance Abuse Standard of Care Rules, §448.401 License Required and §448.403(a-h) New Licensure Application. Please submit the required items in a timely manner to ensure sufficient time for review and response as necessary.

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- Application** - [25 Texas Administrative Code TAC §448.403].
- Fees** - Licensure fees are not refundable. Fees shall be paid in full by cashier's check or money order. Make payable to: Texas Health and Human Services [25 TAC §448.408].
- IRS Letter** - Internal Revenue Service letter assigning the federal employer identification number to the applicant applying for licensure.
- Certificate of Filing** - List that entity's full name under the "legal name" and attach a certificate of status from the Secretary of State's office to establish the applicant's legal status. A sole proprietor should list the individual's name under "legal name of applicant."
- Assumed Name Certificate (If applicable)** - To be included on a license, an assumed name listed on an application must be accompanied by a corresponding certificate of assumed name filed with the Secretary of State and/or applicable county clerk's office, as required by applicable law.
- Facility's Operational Plan** - [25 TAC §448.502(a) (1-4)].
- Proof of Liability Insurance** - [25 TAC §448.403] Legal name and site address must be listed.
- ADA Checklist** - [25 TAC §448.505] Complete the 89 page ADA checklist for each building and/or suite to be licensed.
- Certificate of Occupancy** - Copy of Certificate of Occupancy from the local authority that reflects the current use by the occupant **OR** documentation that the locality does not issue occupancy certificates [25 TAC §448.505].
- Lease Agreement/Deed** - Copy of the lease agreement or deed to the site address that reflects the legal name of the applicant as tenant or owner.
- Floor Plan** - Copy of a floor plan that clearly identifies what the facility site address will entail at each room.
- Co-Location List (if applicable)** - Submit a listing of all non-substance use disorder treatment services and/or programs provided at the site address listed on the application. Guidance regarding Co-Location can be reviewed at: [www.dshs.texas.gov/facilities/substance-abuse/news.aspx](http://www.dshs.texas.gov/facilities/substance-abuse/news.aspx).

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### **Residential Applicants Only – Additional Documentation**

For information regarding physical plant requirements and pre-licensure inspection, you may contact the Substance Abuse Compliance Group by email at [SACG@dshs.texas.gov](mailto:SACG@dshs.texas.gov) or by telephone at 512-834-6650, ext. 2113.

**Please Note:** Inspections must be current, signed, dated, and free of outstanding corrective actions.

- Inspection by the local certified fire inspector or the State Fire Marshal [25 TAC §448.1202].
  - Inspection of the alarm system by the fire marshal or an inspector authorized to install and inspect such systems [25 TAC §448.1202].
  - Kitchen health inspection by the local health authority or the Texas Department of State Health Services [25 TAC §448.1202].
  - Gas pipe pressure test performed by the local gas company or a licensed plumber [25 TAC §448.1202].
  - Inspection and maintenance of fire extinguishers by personnel licensed or certified to perform said duties [25 TAC §448.1202].
  - Fire alarm installation certificate which reflects installation by agents registered with the State Fire Marshal [25 TAC §448.1206].
  - Floor plan indicating total square footage of each room and the number and type of bed(s) (bunk or single) per room in which clients will sleep [25 TAC §448.1205].
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### **Detoxification Applicants Only – Additional Documentation**

- Name and license number of Medical Director [25 TAC §448.902]
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### **Submit application packet and payment to:**

Texas Health and Human Services  
Facility Licensing Group - Service Code 529201043  
P.O. Box 149055  
Austin, Texas 78714-9055

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Applications are maintained for six months. If the applicant has not demonstrated compliance with all applicable requirements during that time, the application will be retired. There is a six month waiting period to reapply.

An application under Health & Safety Code, Chapter 464, and 25 TAC Chapter 448 is for licensure as a chemical dependency treatment facility only, and issuance of a license under those provisions does not satisfy any other applicable requirement for licensure or other form of authorization.

I acknowledge that all required items indicated on this checklist and licensure fees are submitted as the application packet for licensure as a substance abuse treatment facility for:

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Legal Name of Applicant

By signing below, I attest that I am authorized to submit this application and to act on behalf of the above named applicant. I have thoroughly reviewed the Standard of Care Rules at 25 TAC Chapter 448, and I accept responsibility for full knowledge and compliance by our facility and personnel with all applicable laws, including the Standard of Care rules in 25 TAC Chapter 448, including revisions.

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Chief Executive Officer or Facility Contact (Print)

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Chief Executive Officer or Facility Contact (Sign)

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Date