



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
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TTY: 1-800-735-2989  
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## Application for Approval to Accept Court Commitments or Emergency Detentions

Submit to:

Department of State Health Services  
Regulatory Licensing Unit  
Facility Licensing Group/Mail Code 2835  
P.O. Box 149347  
Austin, TX 78714-9347

**Facility Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_  
Print or Type

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Chief Executive Officer or Designee:** \_\_\_\_\_  
Print or Type

**Email:** \_\_\_\_\_

Licensed treatment service(s) for the facility:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Residential Detoxification | <input type="checkbox"/> Ambulatory Detoxification | <input type="checkbox"/> Intensive Residential    |
| <input type="checkbox"/> Supportive Residential     | <input type="checkbox"/> Outpatient                | <input type="checkbox"/> Adolescent Day Treatment |

Approval may be granted in the categories listed below. To be eligible, a program must be licensed to provide at least one of the specified Treatment services. Facilities licensed by DSHS, Hospital Licensing, must provide services equivalent to those specified by the Department.

Please indicate below the categories of approval for this program site:

- Emergency detention  
Required treatment service: Residential Detoxification, Intensive Residential.
- Adult Inpatient Involuntary Commitments  
Required treatment service: Intensive Residential or Residential services for adults.
- Adult Outpatient Involuntary Commitments  
Required treatment service: Outpatient services for adults.
- Juvenile Inpatient Commitments  
Required treatment service: Intensive Residential services for adolescents.
- Juvenile Outpatient Commitments  
Required treatment service: Day Treatment or Outpatient services for adolescents

I have read Chapter 448, Court Commitment Services. Policies and procedures as required by rule have been developed and implemented. Staff training as required has been provided.

\_\_\_\_\_  
Signature of Chief Executive Officer or Designee

\_\_\_\_\_  
Date