

SUBSTANCE USE DISORDER INTERVENTION AND TREATMENT SERVICES RELOCATION APPLICATION

Please attach the required **\$200** relocation application fee with this application. The check should be made payable to Illinois Department of Human Services. Return the application and check to: Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, Licensing and Certification, 401 South Clinton Street, Second Floor, Chicago, Illinois 60607.

Current Facility Information

License Number of Facility to be Relocated: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Proposed Facility Information

Proposed Facility Name: _____

Proposed Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone No.: _____ Fax No.: _____

E-mail Address: _____

Reason for Move: _____

Will this move also change your organization's address? Yes No

Effective Move Date: _____

Affirmation of Facility Requirements

- Attach a completed "Schedule C" and Life Safety Inspection Report for the proposed facility.
- Attach proof of compliance with all local and state health, safety, sanitation, building and zoning codes. (*If not applicable because of local jurisdiction choice, provide a signed statement attesting so.*)
- If this relocation affects your agency's corporate office, please submit a new IRS Form W-9, Request for Taxpayer Identification Number (TIN) and Certification.

Is this agency funded by SUPR? Yes No

If yes, has the Bureau of Business and Fiscal Operations been notified and granted formal approval to transfer funding to the new proposed facility? Yes No

If yes, attach approval letter. The approval to relocate a license does not guarantee continued funding.

Authorized Representative

Date