## DEPARTMENT OF HEALTH CARE SERVICES INVENTORY OF COUNTY 5150 DESIGNATED FACILITIES

STATE OF CALIFORNIA  Department of Health Care Services – Program Oversight & Compliance Branch 1700 K Street, MS 2800 SACRAMENTO, CA 95811 VOICE: (916) 323-1864 FAX: (916) 323-0694 WEBSITE: HTTP://WWW.DHCS.CA.GOV								
COUNTY MENTAL	L HEALTH INFORM	MATION						
(County)		(County Mental Health Director)			(Email Address)			
(Number Str	eet, or Post Office Box	(C	ity)			(State)	(Zip Code)	
(Number, Sur	eet, of Post Office Box	(0	lity)			(State)	(Zip Code)	
Telephone (Area Co	de/Number)	FAX (Area Code/Number)						
	SIGNATED 24-HO	UR LICENSED INF			· ·			
	acilities that ARE N							
FACILITY NAME	F.	ACILITY ADDRESS			FACILIT Y PHONE	NUMBER OF PSYCH. BEDS	FACILITY TYPE OR LICENSE	
I HEREBY CERTIFY, to the best of my knowledge and belief, that this list is correct and complete and that each facility designated by this county for approval by DHCS meets CCR, Title 9, Article 10, Section 663 minimum staff requirements for inpatient services.								
	·							
(Signature of County Mental Health Director)					(Date)			

DHCS 1810 (01/2014) Page 1 of 2

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OTHER TYPES OF COUNTY 5150 DESIGNATED FACILITIES (Do not include facilities that ARE NOT physically located in your county.)								
FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS	FACILITY TYPE OR LICENSE				
(Signature of County	Mental Health Director)	(Date)						
To discontinue a 5150 Designation: Send a letter to the address above stating that your county wishes to remove the specified facility from their designated 5150 facility list and include the facility information in the letter.								

For Department of Health Care Services Use Only				
Date Form Received	Initials			
Date Information Entered in Statewide Database	Initials			

## PLEASE RETURN THIS FORM ON OR BEFORE:

Return to:

Department of Health Care Services

Program Oversight and Compliance Branch – Licensing and Certification Section
1700 K Street, MS 2800, Sacramento, CA 95811

Phone: (916) 323-1864 FAX: (916) 323-0694

DHCS 1810 (01/2014) Page 2 of 2