LOUISIANA
DEPARTMENT OF HEALTH

BEHAVIORAL HEALTH SERVICE
Facility Need Review Application

Check one: ☐ ***FNR Initial Application*** ***Or*** ☐ ***Change of Ownership***

Check all services for which you are applying: **Community Psychiatric Support & Treatment** **Psycho-Social Rehabilitation** **Residential Substance Abuse Treatment**

☐ ***Mailed $200 FNR Fee to DHH Licensing Payment, PO Box 734350, Dallas, TX 75373-4350***

CHECK / MONEY ORDER # _______________

☐ ***FNR Supporting Documentation is attached to this FNR application***

I. FACILITY (DBA) NAME ____

GEOGRAPHIC ADDRESS (if applicable)____

CITY / STATE / ZIP ____

ENTITY/CORPORATE NAME ____

CURRENT MAILING ADDRESS ______________________________________***City/State/Zip Code:*** _________________________

ENTITY PHONE NUMBER ____

II. APPLICANT'S DESIGNATED REPRESENTATIVE ____

DESIGNATED REPRESENTATIVE'S: *Telephone number (____) ______________Fax Number(___)_______________*
Email address_____________________________________

III. SERVICE AREA (Refer to FNR Rule/Regulation):____

IV. ATTESTATION:

It is my responsibility to notify the Louisiana Department of Health, Health Standards Section in writing of any changes in the information provided in this application.
I certify that the information herein is true, correct, and supportable by documentation to the best of my knowledge.
I acknowledge that Facility Need Review approval and licensure does not guarantee any form of reimbursement, including Medicaid.
Documentation of the information above is available upon request by the Louisiana Department of Health.
I acknowledge that I have read the facility need review rule and will comply with the provisions therein.

____
AUTHORIZED REPRESENTATIVE NAME (TYPED OR PRINTED)

____ _________________________
AUTHORIZED REPRESENTATIVE SIGNATURE ***DATE***

This Section to be completed by Health Standards Section Program Manager

APPLICATION # _____________________

DATE APPLICATION, DOCUMENTATION, AND FEE RECEIVED: ____/____/________

FNR RECEIVED by (initials): _________

HSS-FNR-02 (originated 08/2009; revised: 07/2020; 06/29/2021; 08/16/23; 08/01/2024)

Health Standards Section
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