

INFORMATION PACKET FOR BEHAVIORAL HEALTH CERTIFICATION

Name of Program:

Certification Number:

INDIVIDUAL NAME(S)	SERVICE COORDINATOR

- Please bring copies of returned NH criminal record checks for all staff, providers, and household members over 18 years old to the certification visit.
- Complete entire packet prior to certification. Incomplete packets with attachments will not be accepted.
- Attach copies of all fire drill evacuation reports dating back to last certification inspection. If an initial or emergency program, attach copies of all completed fire evacuation drills.
- Attach copies of Fire Safety Risk Assessments for all Individuals, along with a current floor plan that indicates where the individual(s) bedroom is located.
- When filling out the packet, please only use the original criminal record check and training dates from date of hire. Do not use updated training dates or more recent criminal record check dates.
- When filling out the insurance information, please list all home and auto insurance as applicable to the certified residence.

IMPORTANT: I swear or affirm that the information provided is accurate to the best of my knowledge and belief. I understand that providing false information shall be grounds for denial, suspension or revocation of the certification.

Signature and title of agency representative verifying that all information provided is complete and accurate **Date**
(If signing electronically, please indicate, "Electronically signed and dated")

