



Universal Service Administrative Company

RURAL HEALTH CARE DIVISION

---

**Community Mental Health Center Certification**

**NAME:** \_\_\_\_\_

Recently you filed FCC Form 465 certifying eligibility as a Community Mental Health Center (CMHC). To assist us in verifying your eligibility for telecommunications support as a CMHC, please answer the following questions. Your application cannot be posted until we receive your response.

Instruction for completing the Community Mental Health Center Certification:

1. Name should be the name of the facility in Block 1, Line 3 of the FCC Form 465.
2. Proceed to check off the services **provided at the physical location** of the facility for which you are applying for eligibility to participate in the program.
3. Sign and Date the form

**\*\*\*\*PLEASE TAKE SPECIAL NOTICE OF THE FOLLOWING INSTRUCTION\*\*\*\***

**A behavioral health care organization may operate multiple facilities, some of which may not qualify for support. Each site or building is a separate applicant. The following form MUST be completed ONLY for the services provided at the physical location of the site for which you are requesting eligibility.**

Please check all services that apply. If your health care organization operates more than one site, please complete a separate FCC Form 465 for each physical location eligible to participate in the program.

**Sign and date this document and email, fax or mail it with attention to Jeff Rubin:**

**Email:** [jrubin@rhc.universalservice.org](mailto:jrubin@rhc.universalservice.org)

**Fax:** 973-599-6514

**Address:**

Rural Health Care

Attn: Jeff Rubin

30 Lanidex Plaza West

PO Box 685

Parsippany, NJ 07054

HCP NAME: \_\_\_\_\_

HCP PHYSICAL ADDRESS: \_\_\_\_\_

SERVICES OFFERED AT THIS FACILITY:

- \_\_\_\_\_ Services principally to individuals residing in a defined geographic service area
- \_\_\_\_\_ Outpatient services
- \_\_\_\_\_ Specialized outpatient services for children \_\_\_\_\_ elderly \_\_\_\_\_
- \_\_\_\_\_ Specialized outpatient services for individuals with a serious mental illness
- \_\_\_\_\_ Services for patients who were discharged from inpatient mental health treatment
- \_\_\_\_\_ 24-hour-a-day emergency care services
- \_\_\_\_\_ Day treatment or other partial hospitalization services
- \_\_\_\_\_ Psychosocial and/or Vocational rehabilitation services
- \_\_\_\_\_ Screening for admission to State mental health facilities
- \_\_\_\_\_ Residential alcohol or substance abuse treatment services
- \_\_\_\_\_ Residential assisted living services for the mentally ill
- \_\_\_\_\_ **Residential Services (any type of residential living) \*\*Send Letter w/explanation**
- \_\_\_\_\_ Services without regard to ability to pay, within the capacities of the center
- \_\_\_\_\_ Services from licensed onsite professionals during all \_\_\_\_\_ some \_\_\_\_\_ operating hours
- \_\_\_\_\_ Services from licensed offsite professionals during all \_\_\_\_\_ some \_\_\_\_\_ operating hours, provide by televideo \_\_\_\_\_ telephone \_\_\_\_\_ Internet \_\_\_\_\_
- \_\_\_\_\_ Services to offsite patients via televideo \_\_\_\_\_ telephone \_\_\_\_\_ Internet \_\_\_\_\_
- \_\_\_\_\_ Referrals to offsite licensed mental health professionals

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_