

Alameda County Behavioral Health Care Services
School-Based Behavioral Health
Occupancy Inspection Request

Please complete this form and submit it to the appropriate Fire Jurisdiction to request an Occupancy Inspection for your agency's School-Based Behavioral Health Program(s). Please complete one form for each site. This form once signed by the appropriate Fire Jurisdiction Inspector, may be used to serve as the Fire Clearance for County Operated Programs and programs contracted under Alameda County BHCS to provide Medi-Cal funded Specialty Mental Health Services at school sites. **Please note that each Fire Jurisdiction may require the use additional forms to complete the actual inspection and to certify the site in addition to this request form.**

Please write or type the name of the appropriate Fire Jurisdiction: _____

Application Date: _____ School Name: _____
Type of Inspection Requested: **Occupancy Inspection for identified clinical/office space location(s) on a school-based location.** Requesting Agency: _____
Occupancy Location Address: _____ City: _____
Applicable Room/Office Numbers: _____ State _____ Zip _____

ORGANIZATION/INDIVIDUAL SUBMITTING APPLICATION

Name: _____ Phone #: _____
Address/City/State/Zip: _____
Contact Person: _____ Email : _____ FAX #: _____

DESCRIPTION OF ACTIVITY TO BE PERFORMED: Attach copies of required listings, certificates, licenses, property owner approval (if different from applicant), etc. to fully explain activity, project, or authorization.

Activities to be provided at Occupancy Location are School-Based Behavioral Health counseling services to youth and families through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health. Specialty Mental Health Services under EPSDT are provided as outpatient services and may include, but aren't limited to: Assessment, Plan Development, Rehabilitation, Collateral, Individual or Group Therapy, Crisis Intervention and Stabilization, Day Treatment Intensive Services, Medication Support, Case Management, Therapeutic Behavioral Services, and Katie A. Specialized services (ICC, IHBS, and TFC). Clinical office spaces are located in designated offices at the Occupancy Location staffed by Alameda County Behavioral Health Care Services (BHCS) staff or BHCS contractor's staff. Copies of the BHCS signage and clinical licenses and registrations are required in the clinical office space where services are to be delivered identifying the space as part of EPSDT School-Based Behavioral Health services.

All approvals issued by the Fire Department shall be presumed to contain the provision that the applicant, his agents and employees, shall carry out the proposed activity in compliance with all the requirements of the fire code and any other laws or regulations applicable thereto, whether specified or not, and in complete accordance with the approved plans, specifications, and conditions of approval.

This approval shall not be construed as authority to cancel, violate or set aside any provisions of the fire code, State and any other laws or regulations applicable thereto; nor, shall this approval take the place of any license or other regulatory permits required by law. Approvals are not transferable and any change in the use, occupancy, operation, activity, or ownership shall require a new approval. Approvals may be suspended or revoked for cause at any time.

I have read the above and acknowledge and agree to abide by the requirements and conditions of this approval. I also affirm all information that is provided as a part of this Occupancy Inspection Request application is true and correct.

Signature of Applicant _____ Date _____

- Fire Department Office Use Only -

FIRE CLEARANCE APPROVALS:

Inspection Date: _____ [] Approved [] Not Approved
[] Conditional Approval (See attached)
Approved By: (Please Print) _____ Approval Date: _____
Approval Signature: _____
Title _____

NOT VALID WITHOUT APPROVAL SIGNATURE

Additional Comments: _____
Inspection Fees Due: \$ _____ Date Paid _____