

Mental Health Residential Application File Submission and Naming Convention

To ensure an efficient and timely review of applications, all applicants are required to follow document submission standards. Applicants must submit each required attachment as a separate file. If a required attachment will contain multiple materials/documents, applicants must combine them into one unified file. Submissions must be provided in PDF, Microsoft Word, or Excel formats only.

In addition, all submitted files must be clearly labeled using the required file naming convention provided below. Consistent file naming is essential to ensure accurate tracking, organization, and review of application materials. Include only the documents listed below unless additional information is requested.

Applicants are responsible for ensuring that all submitted files are complete, compliant with relevant Oregon Administrative Rules (OAR) and statute, legible, and correctly named at the time of submission. Files that are not named in accordance with the required naming convention, submitted in an incorrect format, are non-compliant with OAR or statute or combined improperly may result in required resubmission.

Required File Naming Convention

- “1. Initial Application”
- “2. Business Registration”
- “3. ABN Registration” (if proposed facility name is different from registered business name)
- “4. Form SS-4 Employer ID”
- “5. CMHP Letter”
- “6. Description of Services”
- “7. Proof of Experience”
- “8. Background Check for (licensee or staff name)”
- “9. Operational Plan”
- “10. Proposed Budget”
- “11. Evidence of Financial Resources”

- “12. Financial Disclosure (liens, pending debts, collections or bankruptcies)”
- “13. Tax Compliance Certification”
- “14. Liability Insurance”
- “15. Proof of Property ownership (or Lease or Rental Agreement)”
- “16. Facility Plans and Specs”
- “17. Floor Plan”
- “18. Fire Inspection Report”
- “19. Sprinkler System Verification”
- “20. Certificate of Occupancy (or Certificate of Use)”
- “21. Safe Water Supply Certificate”
- “22. Job Descriptions”
- “23. Start-up Training Outline”
- “24. Evidence of Training Completion (Staff Initials)”
- “25. Professional License (or Certificate) for (Licensee or staff name)”
- “26. HCBS Self-Assessment”
- “27. House Rules”
- “28. Residency Agreement”
- “29. Policies and Procedures”
- “30. Variance Request”
- “31. Summary Sheet”
- “32. Admission Document (include title of document)”
- “33. Release of Information”
- “34. Residential Service Plan”
- “35. Monthly Summary”
- “36. Notice of Involuntary Discharge”
- “37. Daily Progress Notes”