



Secondary Location Request (245G Programs only)

Department of Human Services Licensing Division

Pursuant to Minnesota Statutes, Section 245G.07, subdivision 4, the Commissioner may grant approval for a license holder to identify a secondary suitable location where select services may be provided. These locations may be a school, government building, medical office, behavioral health facility, or social service organization, but must be requested and approved by the Commissioner prior to services begin.

The request must be submitted on this form, and all required information is needed or the request will not be reviewed. Please note, until you receive written or verbal approval from your licensor, services may not begin at the proposed location.

The commissioner's decision to deny a request is final and not subject to appeal.

Complete one form for each location request.

Program Name and License Number (as identified on the license)		License Address	
Phone Number		Email Address	
Person making request (Please print)			Date
Assigned Licensor		MN Tax ID	
Proposed Secondary Location	What is this location If other please provide details, description, other services being provided, etc.		
Location where client records for the secondary location will be maintained (Note: All records for discharged clients must be stored at the main location)			

Which treatment services will be provided at the above location (Please refer to MN Statutes 245G.07, subdivisions 1 and 2)

Which treatment services will not be offered at secondary location

Names of qualified staff persons who will provide services

Counselor to client ratio at licensed location?	Counselor to client ratio at proposed location?
Counselors to Clients	Counselors to Clients
Days/Times Services will be provided (Attach schedule)	Program Abuse Prevention Plan: (Attach)

How will clinical supervision be provided to the staff persons working at the secondary location?

Changes or modifications without proper notification and approval to the commissioner may result in disapproval to continue to provide services at this location.

Licensor Signature	Date	DHS Only Section
Supervisor/Manager Signature	Date	