

**COUNTY RECOMMENDATION**

License Number	Pending	Applicant	Aegis Treatment Centers, LLC
Site Address			
2107, 2109 & 2113 1 <sup>st</sup> Street, Eureka, CA 95501-0840			
Patient Capacity			
<input checked="" type="checkbox"/> Initial Application: Proposed Number of Slots: <u>100</u>			
<input type="checkbox"/> Increase/Decrease: Current Number of Slots: _____ +/- (increase/decrease) _____ = (Total) _____			
<p>In accordance with Title 9, California Code of Regulations, a complete protocol must include a statement from the County Drug Program Administrator certifying that:</p> <ol style="list-style-type: none"> <li>1) There is need for the narcotic treatment program services described in the program's protocol in the community in which it is located, and</li> <li>2) All local ordinances, fire regulations, and local planning agency requirements have been complied with.</li> <li>3) I recommend that the program named above be expanded in licensed capacity.</li> </ol> <p>After reviewing the protocol for the proposed program:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> County recommends program initial licensure: New Program, Relocation, Ownership Change or Amendment.</li> <li><input type="checkbox"/> County recommends program license slot increase.</li> <li><input type="checkbox"/> County recommends program license slot decrease.</li> <li><input checked="" type="checkbox"/> County recommends temporary exception to two-year history and two treatment failures (2plus2).</li> <li><input type="checkbox"/> County <b>does not</b> recommend program licensure or relocation, license slot increase or decrease, or exception to two-year history and two treatment failures (2plus2). <b>Documentation attached to support the County's recommendation.</b></li> </ul>			
_____ County Drug Program Administrator Signature		_____ / ____ / 2019 Date	
_____ Printed Name			
_____ Humboldt			
_____ County			
_____ 825 5 <sup>th</sup> Street, Eureka, CA 95501-1107			
_____ Address			
_____ (707) 268-3447			
_____ Telephone			