**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Admin Code ch. DHS 61.79

F-03377 (05/2025)

# Adolescent Inpatient Mental Health Program DHS 61.79

# Applicant Compliance Statement

Instructions: Prior to a surveyor coming to the facility/clinic for the onsite review, the applicant must ensure each item identified below is in compliance with Wis. Admin. Code ch. DHS 61.79 requirements.

Disclaimer: The statements in this document paraphrases the cited administrative rules. Refer to the language of the Wisconsin Administrative Code for the exact wording of the cited rules. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.

By checking the boxes, submitting the signed and completed form the applicant is attesting that the facility is in substantial compliance and ready for an onsite review of regulatory compliance. Failure to demonstrate substantial compliance within 60 days of the completed application shall result in a denial of certification.

**The application is not considered complete until this signed compliance document is received.**

If you have questions regarding the completion of this form, email [dhsdqamentalhealthandsubstanceusecertification@wisconsin.gov](mailto:dhsdqamentalhealthandsubstanceusecertification@wisconsin.gov).

### Required policies and procedures

Wis. Admin. § Code 61.79(1)(a)-(i) Required personnel

Wis. Admin. § Code 61.79(2)(a)-(e) Program operation and content

### Applicant attestation

*I attest that all statements made on this form are true and correct to the best of my knowledge.*

**Signature** — Applicant:

Name – Applicant (printed):       Date signed: