



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to _____

LEGAL ENTITY

To operate _____

NAME OF FACILITY OR AGENCY

Located at _____

COMPLETE ADDRESS OF FACILITY OR AGENCY

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide _____

TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed _____

MAXIMUM CAPACITY

or the maximum capacity permitted by

the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This Certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

MANUAL NUMBER AND TITLE OF REGULATIONS

dated _____

and shall remain in effect from _____

until _____

unless sooner revoked for non-compliance with applicable laws and regulations.

Certification ID. _____

MPI ID: _____

DEPUTY SECRETARY

NOTE: This Certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.