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Supplemental CON Application Form  
**Establishment of a New Health Care Facility (Mental  
Health and/or Substance Abuse Treatment)\***  
Conn. Gen. Stat. § 19a-638(1)

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**Applicant:**

**Project Name:**

\*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.



**1. Project Description: New Facility (Mental Health and/or Substance Abuse)**

- a. Describe any unique services (i.e., not readily available in the service area) that may be included in the proposal.
- b. List the type and number of DPH-licensed health care professionals that will be required to initiate the proposal.

**2. Projected Volume**

- a. For each of the specific population groups to be served, report the following by service level (include all assumptions):
  - (i) An estimate of the number of persons within the population group by town that need the proposed service; and
  - (ii) The number of persons in need of the service that will be served by the proposal (estimated patient volume).
- b. Provide statistical information from the Substance Abuse and Mental Health Administration (“SAMSHA”), or a similar organization demonstrating that the target population has a need for the proposed services.

***Please note: provide only publicly available and verifiable information and document the source.***