



**County of Los Angeles – Department of Public Health
 Substance Abuse Prevention and Control**

Certification Application for the Harm Reduction Syringe Services (SSP) Program

I. Applicant Organization Information			
Organization Name:		Application Date:	
Proposed SSP Name (if different from above):			
Phone Number:			
Mailing Address:			
City:		State:	Zip Code:
Name of SSP Administrator:			
Title:			
Admin Phone Number:		Admin Email Address:	

II. Materials/Supplies Applicant Currently Provided to Persons Who Use Drugs		
Check all applicable boxes	Yes	No
Sterile Needles and Syringes		
Safer Smoking Equipment		
Personal Sharps Disposal Containers		
Naloxone		
Condoms and Other Safe Sex Supplies		
Fentanyl Test Strips		
Food and/or Water		
Other Safe Drug Use Supplies		
• If yes, please describe:		

III. Services Applicant Currently Provides to Persons Who Use Drugs		
Check all applicable boxes	Direct	Via Referral
Syringe Distribution/Collection/Disposal		
Substance Use Disorder Treatment Services		
Medications for Addiction Treatment		
HIV/Hepatitis C Screening		
Sexually Transmitted Infection Screening		
Hepatitis A and B Vaccination		
Housing Services		
Other Services		
• Please describe 'Other Services,' if applicable:		

IV. Application Organization Description	
Please briefly describe the organization's mission, core services and population served.	
Please provide a description of the proposed syringe services and any additional services that will accompany syringe exchange, overdose prevention supplies and education.	
Please provide a brief description of the syringe collection and sharps waste disposal budget and plan. If no cost is associated with sharps waste disposal, provide explanation.	
Please describe detailed data collection plan.	

V. Required Policies & Procedures	
Please submit required policies and procedures electronically via harmreduction@ph.lacounty.gov at the time of submission.	Submitted
Syringe Dispensing	
Syringe Collection and Sharps Waste Disposal	
Needle Stick Prevention	
Needle Stick Injury Response	
Participant Confidentiality in accordance with Title 42 of the Code of Federal Regulations (CFR) Part 2 and the Health Insurance Portability and Accountability Act (HIPAA)	

VI. Description and Summary of Proposed SSP

Estimated Annual Number of Clients Served:	
Estimated Annual Number of Syringes Dispensed:	
Estimated Annual Number of Syringes Collected:	

SSP Fixed Site Location(s), Days and Hours of Operation (if applicable).

Attach table with additional locations, if necessary.

Location Name	Address	County	Days/Hours of Operation (e.g., Friday's from 12pm-2pm)

SSP Mobile Site Location(s), Days and Hours of Operation (if applicable).

Attach table with additional locations, if necessary.

Mobile Service Name	Method		Neighborhood(s)/ Intersection(s)/ Street Boundaries	County	Days/Hours of Operation (e.g., Friday's from 12pm-2pm)
	Vehicle	On-Foot			

Please provide the number of staff, titles of positions, and brief duty descriptions.

Position Title	Position Description

Overall number of paid and unpaid staff: |

VII. Applicant Acknowledgement and Attestation

The following SSP services, at a minimum, must be provided to participants by Los Angeles County certified SSPs:

1. Needle and syringe services.
2. Overdose rescue medication (e.g., naloxone, etc.) training and distribution services
3. HIV and viral hepatitis prevention education services; and
4. Safe recovery and disposal of used syringes and sharps waste.

The Applicant attests that upon Certification it will comply with all applicable state laws and regulations.

The Applicant further acknowledges and agrees to the involvement of program participants input into program design, implementation, and evaluation.

Signature:

Date (mm/dd/yyyy):

IMPORTANT: Submission of an application does not constitute certification or a contract with the County.

Submit via the 'Submit Form' button at the top. If you experience technical issues completing this form, submissions are also accepted by emailing the completed form to harmreduction@ph.lacounty.gov.