

**New Jersey Department of Health  
Division of HIV, STD, and TB Services  
Harm Reduction Program  
PO Box 363  
Trenton, NJ 08625-0363**

Date of Submission:

Application Type:      New  
Renewal

## HARM REDUCTION CENTER REGISTRATION APPLICATION

Please submit completed applications by email to [HRC@doh.nj.gov](mailto:HRC@doh.nj.gov)

### I. Eligible Entity

1. Name of Eligible Entity:	2. Name under which authorized harm reduction services will be provided if different than "Eligible Entity":						
3. Eligibility:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Federally Qualified Health Center</td> <td style="width: 50%; border: none;">Substance Abuse Treatment Program</td> </tr> <tr> <td style="border: none;">AIDS Service Organization</td> <td style="border: none;">Another entity with the capacity to provide harm reduction services</td> </tr> <tr> <td style="border: none;">Public Health Agency</td> <td style="border: none;">Specify other entity type:</td> </tr> </table>	Federally Qualified Health Center	Substance Abuse Treatment Program	AIDS Service Organization	Another entity with the capacity to provide harm reduction services	Public Health Agency	Specify other entity type:
Federally Qualified Health Center	Substance Abuse Treatment Program						
AIDS Service Organization	Another entity with the capacity to provide harm reduction services						
Public Health Agency	Specify other entity type:						

### II. Designated Administrator

1. Full Name:	2. Title:
3. Email Address:	4. Phone Number:

### III. Current Services Summary

1. Description of the eligible entity's mission and core services:
2. List of services currently provided to injection drug users: <i>Services offered may include, but are not limited to, all services listed in the Act and may be offered directly or by referral.</i>

# HARM REDUCTION CENTER REGISTRATION APPLICATION CONTINUED

## IV. Proposed Services

1. List the authorized harm reduction services, with a description of each service, which the applicant proposes to provide:

2. Identify the proposed service area for harm reduction services:

3. State the anticipated number of consumers to be served each year:

4. State the estimated number of syringes to be dispensed and collected each year:

## V. Special Justification

*Required if applicant intends to offer syringes for consumers under 18 years of age.*

1. Provide justification for the provision of syringes for those under 18, including substantive qualitative and quantitative data, establishing the need:

2. State the number of overdose experiences by individuals 21 and under in the last 2 years in the service area:

3. Provide social indicators supporting the need for the provision of syringes for those under 18, including concerns raised by community members, school systems, parent groups, etc.:

# HARM REDUCTION CENTER REGISTRATION APPLICATION CONTINUED

## VI. Methods

1. List the service delivery mode(s) to be employed, meaning fixed site, mobile site, mail order, other mode (please specify):

2. Identify locations at which the applicant would provide authorized harm reduction services:

	Fixed Site(s): Include full address (street number, street name, city and zip code):  Mobile Site(s): Include municipality and county:	Additional services to be offered not listed in "Authorized Harm Reduction Services":	Operational hours and days of the week:
1			
2			
3			

*If proposing more than 3 locations, submit an additional page with the required details for those locations.*

## VII. Program Summary

1. Provide a paragraph under 300 words that the Division will post on its website, summarizing the proposed program and identifying the name of the eligible entity, the name of the harm reduction center, location(s), hours of service, and types of services to be delivered:

## VIII. Required Attachments

1. Attach the Data Collection and Program Evaluation Plan:

*The Department may request additional information following review of the information provided in this registration form*

# HARM REDUCTION CENTER REGISTRATION APPLICATION CONTINUED

## IX. Attestation of Compliance

I, \_\_\_\_\_, of full age, hereby certify that I am employed with the Eligible Entity in the capacity of \_\_\_\_\_; that I am duly authorized to make the representations contained within this form on behalf of the Eligible Entity and to bind the Eligible Entity thereto; and that all information supplied in this form, including any and all attachments, is true and complete to the best of my knowledge. I am aware that if any statement in this form or in an attachment hereto is willfully false, the Eligible Entity may be subject to suspension, revocation, and/or refusal to issue or renew registration. I attest that the Eligible Entity is in compliance with conditions I through IV listed below:

1. The Eligible Entity agrees to comply with State laws and local zoning ordinances.
2. The Eligible Entity has the capacity to implement authorized harm reduction services in accordance with the representations and plan it submits with this application.
3. The Eligible Entity has involved, and will continue to involve, consumers' input into program design, implementation, and evaluation.
4. The Eligible Entity has established and implemented the following plans in compliance with N.J.A.C. 8:63-3.2, and will make them available upon request to the Department: syringe distribution plan, syringe collection plan, service delivery plan, and community relations plan.

## Public Disclosure Notice

**Public Disclosure:** Applications submitted in response to this Registration Application are generally subject to public release pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1.1 et seq., and/or the common law. However, proprietary and other types of information contained in the applications may be exempt from public disclosure. See, e.g., N.J.S.A. 47:1A-1.1 ("A government record shall not include the following information which is deemed to be confidential . . . trade secrets and proprietary commercial or financial information obtained from any source . . . [or] information which, if disclosed, would give an advantage to competitors or bidders"). The Department will not honor any attempt by an applicant to designate its entire application as exempt from disclosure but, as an addendum to its application, an applicant may designate specific information that it asserts is exempt from public disclosure under OPRA and/or the common law. If the applicant deems certain information to be confidential and the Department withholds the information as a result, then the applicant may be required to intervene as a necessary party in any challenge raised by a requestor due to the denial of access and defend its reason for why the information is not subject to public disclosure. Because the applicant will have to defend any redaction requested, applicants should carefully consider objections and supply the rationale upon which they assert that the Department should withhold certain information. See, e.g., *Communications Workers of America v. Rousseau*, 417 N.J. Super. 341, 348 (App. Div. 2010).

Applications will not be released to the public until the Department has approved or denied the application.