

### State of California

# Department of Health Care Services

## Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

#### SPIRITT FAMILY SERVICES

to operate and maintain an alcohol and/or other drug program using the following name and location:

### SPIRITT FAMILY SERVICES 7208 GARFIELD AVENUE BELL GARDENS, CALIFORNIA 90201

This certification extends to the following level of alcohol and/or other drug program services:

OUTPATIENT SERVICES AND INTENSIVE OUTPATIENT

Certification Number: 190247GN

Effective Date: 10/15/2024 Expiration Date: 10/31/2026

JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:
Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601 Post Office Box 997413, Sacramento, California 95899-7413

PHONE: (877) 685-8333 / (916) 322-2911 - FAX: (916) 440-5094 - E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This Certification is not transferable.