



# State of California

## Department of Health Care Services

### License and Certification

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

#### THE ALLIANCE FOR COMMUNITY WELLNESS

to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:

**EL CHANTE RESIDENTIAL HOME  
425 VERNON STREET  
OAKLAND, CALIFORNIA 94610**

This license and certification extends to the following services:

#### **RECOVERY AND TREATMENT SERVICES**

#### **DHCS Provisional Level of Care Designations**

- 3.1 Clinically Managed Low-Intensity Residential Services**
- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services**
- 3.5 Clinically Managed High-Intensity Residential Services**

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: **20**

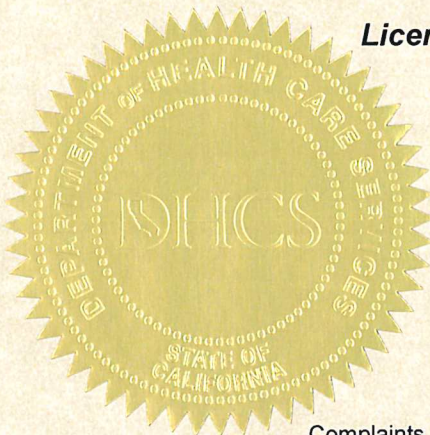
Total Occupancy for location is limited to: **20**

**MALES ONLY**

**License and Certification Number: 010101CN**

Effective Date: **11/01/2023**

Expiration Date: **10/31/2025**



**JANELLE ITO-ORILLE, Division Chief**

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

Complaint 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](mailto:SUDComplaints@dhcs.ca.gov)

**Post in a prominent location. This License and Certification is not transferable.**





March 12, 2024

Certified Mail: 9589 0710 5270 0728 3596 16

THIS LETTER SENT VIA (MAIL AND EMAIL)

Kristi Beckman  
Quality Assurance Specialist  
The Alliance For Community Wellness  
24301 Southland Drive, Suite 300  
Hayward, California 94545

**NOTIFICATION OF REVISED – LICENSE AND CERTIFICATION 010101CN**

Dear Ms. Beckman:

Enclosed is a revised license and certification for El Chante Residential Home. The revised license and certification reflects a correction to the legal entity name.

This is a replacement license and certification, not a renewal or extension. Your effective and expiration dates have not changed. Please return the previously issued license and certification.

**Notification:** In accordance with Section 3000 (b), the program shall submit the Request for License and/or Certification Extension DHCS Form 5999 (6/15) with all supporting documentation and renewal fees to the department 120 days prior to the expiration date of the certificate. Failure to provide all necessary documentation shall result in the termination of the certificate in accordance with Section 3000 (d).

If you have any questions or concerns, please contact Brigitte Jackson, Licensing and Certification Analyst, at (916) 345-7463 or by email at [Brigitte.Jackson@dhcs.ca.gov](mailto:Brigitte.Jackson@dhcs.ca.gov).

Additionally, if you would like to become a Medi-Cal provider, you can now submit your application through the [PAVE](#) provider portal. For more information on Medi-Cal enrollment, please visit: <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>.

Sincerely,

Mary Ponce  
Supervisor  
Substance Use Disorder Licensing and Certification Section

