



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

Michelle Morse, MD, MPH

Acting Health Commissioner

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Bureau of Children, Youth,
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Gotham Center
42-09 28th St.
Long Island City, NY 11101

To: PAR Applicant
From: Division of Mental Hygiene
CC: NYS OMH NYC Field Office
Date: November 2025
Re: Letter of Intent to submit a PAR Application – Updated Instructions

The New York City Department of Health and Mental Hygiene (The NYC Health Department) is pleased to accept letters of intent from NYC entities interested in submitting an EZ PAR or Comprehensive PAR application.

Please include the following information in the letter of intent:

- Agency name and address
- CEO/Executive Director
- Contact person's name, title, telephone number and email address
- Name of the program (if applicable)
- Operating certificate number (if applicable)
- Proposed project type
- Target population
- Narrative: Provide a brief description of proposed action, identifying the specific location of the proposed program, including ZIP code and community districts, and the anticipated effective date. Include a brief rationale for the proposal, a description of the needs being addressed, the level of readiness for implementation and an approximate caseload or change in caseload (if applicable).
- If your organization holds no Office of Mental Health license of any program type but is licensed by another New York State agency, such as the Department of Health, Office of Alcoholism and Substance Abuse Services or the Office for People with Developmental Disabilities, submit the most recently conducted State review of such program.

To establish a licensed Article 31 MHOTRS satellite in a NYC school, follow the instructions on [Process To Establish a Licensed Article 31 Mental Health Outpatient Treatment and Rehabilitative Services Program Satellite in an NYC School \(PDF\)](#).

How to submit the letter of intent for a PAR Application:

Submit all correspondence by email to the NYC Health Department at parreview@health.nyc.gov and to New York State Office of Mental Health at NYCFO.Licensing@omh.ny.gov.

EZ PARs: Address EZ PAR letters of intent to the NYC Health Department and the New York State Office of Mental Health NYC Field Office

Comprehensive PARS: Address Comprehension PAR letter s of intent to the New York State Office of Mental Health NYC Field Office and copy the NYC Health Department.

NYC Health Department Contact Information

Email all correspondence to the NYC Health Department at parreview@health.nyc.gov.

If the Letter of Intent pertains to child/adolescent services*, address correspondence to:

Marnie Davidoff, MPA
Assistant Commissioner
Bureau of Children, Youth, and Families/ Developmental Disabilities
NYC DOHMH
Attn: PAR Review
Gotham Center
42-09 28th Street, CN #23 (18th floor)
Long Island City, NY 11101-4132

If the EZ PAR or Comprehensive PAR pertains to adult services*, address correspondence to:

Jamie Neckles, MA, MSW
Assistant Commissioner
Bureau of Mental Health
NYC DOHMH
Attn: PAR Review
Gotham Center
42-09 28th Street, CN #13C (20th floor)
Long Island City, NY 11101-4132

* If the letter of intent pertains to both children/adolescents and adults, address the letter to both Marine Davidoff and Jamie Neckles.

New York State Office of Mental Health NYC Field Office Contact Information

Email all correspondence to the NYS Office of Mental Health: NYCFO.Licensing@omh.ny.gov.

Najwa Awad
Director
New York City Field Office
NYS Office of Mental Health
330 Fifth Avenue
New York, NY 10001

Thank you for your interest in supporting the mental health of New Yorkers.