



**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:*

**SAN FRANCISCO SHERIFF'S DEPARTMENT**

*to operate and maintain an alcohol and/or other drug abuse recovery or treatment facility using the following name and location:*

**POST RELEASE EDUCATION PROGRAM (P.R.E.P)**

**70 OAK GROVE**

**SAN FRANCISCO, CALIFORNIA 94107**

*This certification extends to the following services:*

**OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES**

**Certification Number:**

**380083BN**

**Effective Date: 06/01/2015**  
**Expiration Date: 05/31/2017**



  
**MARLIES PEREZ, Division Chief**

Complaints regarding services provided in this facility should be directed to:  
Complaint Coordinator, Complaints & Counselor Certification Branch, MS 2601  
Post Office Box 997413, Sacramento, California 95899-7413  
(877) 685-8333/(916) 322-2911 or FAX: (916) 440-5094 E-mail: [SUDComplaints@dhcs.ca.gov](mailto:SUDComplaints@dhcs.ca.gov)

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