

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES SERVICES**

APPLICATION FOR ACS WAIVER PROVIDER CERTIFICATION

IDENTIFYING INFORMATION:

Name of Organization: _____

Legal Name of Sponsoring Organization:

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

EIN Number: _____

Director/President: _____

Dates of Yearly Operation: _____ to _____
Month Day Month Day

(Note: ACS Waiver services must be provided throughout the year.)

Sponsoring Board Information (if appropriate):

Name & Title	Address	Date of Term
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SERVICES TO BE OFFERED:

- | | |
|---|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Organized Health Care Delivery System Services |
| <input type="checkbox"/> Supportive Living | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Supportive Living |
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> Adaptive Equipment |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Community Transition |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Environmental Modifications | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Specialized Medical Supplies | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Supplemental Support | <input type="checkbox"/> Specialized Medical Supplies |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Supplemental Support |
| | <input type="checkbox"/> Supported Employment |

The following items shall be attached to the application for ACS Waiver Services Certification, as specified in the DDS Standards ACS Waiver Services:

- Articles of Incorporation
- By-Laws
- Policies and Procedures
- Staff development and/or curriculum planning
- Program Description that must include:
 - mission statement;
 - services to be provided;
 - admission criteria;
 - transition, discharge and exit criteria
- Copy of Notification of Assignment of Federal Employer Identification Number (EIN)

Failure to provide any of the referenced documents may result in denial of the application.

Counties to be Served:				
<input type="checkbox"/> Statewide	or			
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Craighead	<input type="checkbox"/> Howard	<input type="checkbox"/> Miller	<input type="checkbox"/> Randolph
<input type="checkbox"/> Ashley	<input type="checkbox"/> Crawford	<input type="checkbox"/> Independence	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Saline
<input type="checkbox"/> Baxter	<input type="checkbox"/> Crittenden	<input type="checkbox"/> IZard	<input type="checkbox"/> Monroe	<input type="checkbox"/> Scott
<input type="checkbox"/> Benton	<input type="checkbox"/> Cross	<input type="checkbox"/> Jackson	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Searcy
<input type="checkbox"/> Boone	<input type="checkbox"/> Dallas	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Nevada	<input type="checkbox"/> Sebastian
<input type="checkbox"/> Bradley	<input type="checkbox"/> Desha	<input type="checkbox"/> Johnson	<input type="checkbox"/> Newton	<input type="checkbox"/> Sevier
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Drew	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Ouachita	<input type="checkbox"/> Sharp
<input type="checkbox"/> Carroll	<input type="checkbox"/> Faulkner	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Perry	<input type="checkbox"/> St. Francis
<input type="checkbox"/> Chicot	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lee	<input type="checkbox"/> Phillips	<input type="checkbox"/> Stone
<input type="checkbox"/> Clark	<input type="checkbox"/> Fulton	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Pike	<input type="checkbox"/> Union
<input type="checkbox"/> Clay	<input type="checkbox"/> Garland	<input type="checkbox"/> Little River	<input type="checkbox"/> Poinsett	<input type="checkbox"/> Van Buren
<input type="checkbox"/> Cleburne	<input type="checkbox"/> Grant	<input type="checkbox"/> Logan	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Greene	<input type="checkbox"/> Lonoke	<input type="checkbox"/> Pope	<input type="checkbox"/> White
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hempstead	<input type="checkbox"/> Madison	<input type="checkbox"/> Prairie	<input type="checkbox"/> Woodruff
<input type="checkbox"/> Conway	<input type="checkbox"/> Hot Springs	<input type="checkbox"/> Marion	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Yell

Arkansas Code Annotated 20-48-201 et.seq. provides for the inspection and certification of organizations providing services for people with developmental disabilities. DDS Standards ACS Waiver Services have been promulgated in accordance with Arkansas Code Annotated 25-15-201 et.seq.

The applicant affirms receipt of the DDS Standards for ACS Waiver Services and agrees to comply with them.

Signature of Authorized Representative

Date

Title
