ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services & Quality Assurance

APPLICATION FOR LICENSURE

ADULT DEVELOPMENTAL DAY TREATMENT

☐ NEW ☐ TEMPORARY ☐ RENEW

APPLICANT INFORMATION

ORGANIZATION NAME: _____

PHYSICAL ADDRESS: _____
Street *City* *County* *State* *Zip Code*

MAILING ADDRESS: _____
(if different) *Street* *City* *County* *State* *Zip Code*

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

TAXPAYER ID # (TIN): _____

OPERATOR INFORMATION

DIRECTOR NAME: _____

OWNERSHIP TYPE: ☐ SOLE-PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

☐ PRIVATE ☐ NON-PROFIT ☐ OTHER (specify): _____

The applicant affirms receipt of the *DDS Certification, Investigation, and Monitoring for Center-Based Community Services (CBCS)* standards and agrees to comply with these standards, as indicated by the signature below:

_____
Signature of Authorized Representative Date

Please see requirements on page 2 that must accompany applications. Submit applications to DPSQA.ProviderApplications@dhs.arkansas.gov.

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ADULT DEVELOPMENTAL DAY TREATMENT

NEW OR TEMPORARY APPLICANT

1. Articles of Incorporation
2. Completed W-9
3. Name, address, and percentage of ownership for all owners with more than 5% of ownership interest
4. Background check; contact Brigham.Gibson-Oliver@dhs.arkansas.gov for information and material required
5. If applicable, list of Board of Directors including names of officers and mailing address

RENEWING APPLICANT

1. Current copy of ADDT license
2. Articles of Incorporation
3. Completed W-9
4. Name, address, and percentage of ownership for all owners with more than 5% of ownership interest
5. Copy of current background check (within last 5 years); if not current, contact Brigham.Gibson-Oliver@dhs.arkansas.gov for information and material required
6. If applicable, list of Board of Directors including names of officers and mailing address

   If seeking "deemed status," attach current copy of Accreditation

*Additional information may be requested and required upon review of application(s) for licensure.