



Division of Provider Services and Quality Assurance

**APPLICATION FOR LICENSURE
ADULT DEVELOPMENTAL DAY TREATMENT**

Check all that apply: Initial application for licensure
 Change of ownership; License #: _____

PROVIDER NAME: _____

PROVIDER ADDRESS: _____
Street City County State Zip Code

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

CONTACT NAME: _____

CONTACT E-MAIL ADDRESS: _____ PHONE NUMBER: _____

TAXPAYER ID # (TIN or EIN): _____ HOURS OF OPERATION: _____

The applicant affirms receipt of the rules governing the licensure of *Adult Developmental Day Treatment* and agrees to comply with these standards, as indicated by the signature below:

Name of Applicant (print)

Signature of Applicant Date

Submit applications to DPSQA.ProviderApplications@dhs.arkansas.gov.



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Please remit with the application the following documents:

- Copy of government-issued tax-identification number
- Copy of Current Accreditation
- Documentation demonstrating the entire ownership, including all the applicant's financial, governing body, and business interests;
- Documentation of management, management structure and members of the management team;
- Documentation of the current contractors and the contractors that the applicant intends to use
- State criminal background checks for employees and operators
- National criminal background checks for employees and operators
- Child Maltreatment Registry checks for employees and operators
- Adult Maltreatment Registry checks for employees and operators;

If this application is not for a change in ownership, DPSQA would also need to determine that one of the following conditions are met:

- (A) DDS has determined that the county in which the new ADDT would be located is an underserved county;
- (B) The applicant has one or more ADDT licensed locations in the same county in which the new ADDT would be located; or
- (C) The applicant has one (1) or more ADDT licensed locations in a county contiguous to the county in which the new ADDT would be located and the existing location serves at least twenty (20) individuals who are eligible, enrolled, and participating in the existing location, but reside in the county in which the ADDT would be located.

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