



**COMMUNITY AND EMPLOYMENT SUPPORT
WAIVER PROVIDER
CERTIFICATION APPLICATION**

1. Name of Organization: _____
2. Name of Authorized Representative: _____
3. Title of Authorized Representative: _____
4. Business Mailing Address: _____
5. Physical Address of Service Location: _____
6. Telephone: _____ Fax: _____
7. E-Mail: _____
8. Federal Employer Identification Number (EIN): _____
9. Date of Application: _____
(DD/MM/YY)
10. Dates of Yearly Operation: _____ To: _____
(DD/MM/YY) (DD/MM/YY)
11. Board Information (if applicable):

Name	Address	Date of Term
_____	_____	_____
_____	_____	_____
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12. Services to be offered:

- Adaptive Equipment
- Community Transition
- Consultation
- Crisis Intervention
- Environmental Modifications
- Respite
- Specialized Medical Supplies
- Supplemental Support
- Supported Employment
- Supportive Living

13. The following items shall be attached to this application:

- A.** Articles of Incorporation
- B.** By-Laws
- C.** Policies and Procedures
- D.** Staff Development Curriculum
- E.** Program Description
- F.** Copy of Notification of Assignment of Federal EIN
- G.** Original Adult Central Registry Check Results for Authorized Representative
- H.** Original Child Central Registry Check Results for Authorized Representative
- I.** DDS Determination Letter for Authorized Representative's State Criminal Background Check
- J.** DDS Determination Letter regarding Authorized Representative's Federal Criminal Background Check

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

14. Counties to be Served: Indicate Statewide or in a specific County or Counties.

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

Arkansas Code Annotated §§20-48-201 et.seq. provides for the inspection and certification of organizations providing services for people with developmental disabilities.

I affirm that the composition of the Board meets the requirements set forth by Arkansas Code Annotated §§20-48-705 et.seq.

I affirm that I have read, understand, and agree to comply with the DDS Agreement outlining Minimum Standards for PASSE HCBS Providers of Waiver Services.

Signature of Authorized Representative

Name of Authorized Representative (Print)

Title

Date