## Arkansas Community Correction TRANSITIONAL HOUSING FACILITY LICENSE APPLICATION

Check One: NEW APPLIC		LICATION	CATION RENEWAL		APPLICATION DATE:			
Facility Nam	ne:							
Address: _								
Director:	Street			City	Sta	ate Zip		
	NI	oma (Drint or Tr	una)	Official	Title			
Telephone #	140	Name (Print or Type)			Official Title			
reteptione #		Cell	Phone #	Em				
ContactPerson:								
	Name (Print	or Type)		Official				
Telephone #		Cell	Phone #	Em	Email Address			
CURRENT								
LICENSES	Туре		Licensed By		License Number	Date		
	Туре		Licensed By		License Number	Date		
-	Туре		Licensed By		License Number	Date		
HOUSING CAPACITY	# of MALE Rooms:	# of	FEMALE Rooms:	# of MIXED Rooms:		TOTAL ACITY:		
	ble to Individuals	☐ YES		ATIO of Counselors		Clients		
Meals Served:	Breakfast	☐ Lunch	☐ Dinner ☐	Daily Other	:			
CONTRACTE	:D							
SERVICES AT FACILITY	Contractor			Type of Service	ee			
	Contractor	A Paris 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Type of Service	ce			
		PRO	OGRAMS & SER	VICES PROVIDE	)			
PROGRAMS PROVIDED Drug/Alcohol Treatment Drug/Alcohol Education Individual Counseling Group Counseling Life Skills Program 12-Step Programs Parenting Anger Management				SERVICES PRO Employment Ass Mental Health Se Support Services Medical Services Dental Services Transportation Resident Parking Laundry Services Kitchen Privileges	YES NO			
OTHER: (1) _	A		(2) _					
(3)			(4) _					

Please list the name, position, date of birth, social security number, race and gender (m-male/f-female) of each person who will provide services at the transitional housing facility upon licensing. Attach additional pages, as needed.

Name (Print or Type)	Position	DOD	CCII				
vame (Fint or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
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Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#			Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Jame (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Jame (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Name (Print or Type)	Position	DOB	SS#	/	/	Race	Sex
Signature of Applicant /	/ Title:					Date	-
Signature means agr	reement by owner	r/operator/staff	of facil	ity t	o comply	with all po	licy rule
regulations and laws c	concerning ACC T	ransitional Hou	sing Faci	ilities	. Failure	to comply ma	y result
sanctions up to and in	cluding withdrawa	al of license by	ACC and	l/or c	ivil penal	ties for violati	on of sta
law. Owner/Operator	is responsible for o	obtaining consen	t to relea	se in	tormation	for backgrou	nd check
Date received by ACC: If no, what actio	n was taken?	Application	Complete	ed:	(Yes) (I	No) THFC S	 Signature
		-				—— Approve) (D	