



STAGE 1

REENTRY FACILITY LICENSE APPLICATION

SEND COMPLETED APPLICATION TO REENTRY HOUSING COORDINATOR: AndreaRoaf-Little@arkansas.gov OR FAX TO ACC REENTRY TEAM AT (501) 683-6665

Application Date: _____

Facility Name: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Owner/Operator: _____ County of Facility: _____ Name (Print or Type)

Telephone: _____ Cell# _____

Facility Email Address: _____

ACC Staff Comments Only Below This Line

1. Proof of person, group, or organization capable of operating a Reentry Facility.

Yes No Comments: _____

2. Proof of a financial plan capable of sustaining an ongoing Reentry Facility operation.

Yes No Comments: _____

3. If the applicant is a current or former vendor for the State of Arkansas, proof of having been a viable operation without corrective action taken against them.

Yes No Comments: _____

Proposed number of beds: _____ Male Female

ACC Staff Member: _____ Date: _____

Stage 1 License: Approved Denied _____ Transitional Housing/Reentry Coordinator