



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