

Please list the name, position, date of birth, social security number, race and gender (F-Female) (M-Male) for each person who will provide services at the Reentry Facility.

Name (Print or Type)	Position	DOB	SS#	Race	Gender
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Name (Print or Type)	Position	DOB	SS#	Race	Gender
Name (Print or Type)	Position	DOB	SS#	Race	Gender

Signature of Applicant/Title: _____ Date: _____

Signature means agreement by owner/operator of the facility to comply with all policy rules, regulations and laws concerning ACC Reentry Facilities. Failure to comply may result in sanctions up to and including withdrawal of license by ACC and/or civil penalties for violation of state law. Owner/Operator is responsible for obtaining consent to release information for background checks for staff and volunteers.

Date received by ACC: _____ Application Completed: Yes No

If no, what action was taken? _____

Reentry Facility Coordinator Signature: _____

Approved Denied

Approval of ACC Director _____ Date: _____