

Arkansas Community Correction



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Two Union Nation Plaza Building
105 West Capitol, 3rd Floor
Little Rock, AR 72201-5731
(501) 682-9510 (501) 682-9513 (fax)

To: Arkansas Community Correction

From: _____ Facility Name: _____

Re: Acknowledge of Amendments to Transitional Housing Policies/Request for Qualifications

Date: _____

My signature below indicates I have read and understand the updated/amended ACC Transitional Housing Policies (AR 7.8 and AD 14-23) and Request for Qualifications. As the director of a transitional facility licensed by Arkansas Community Correction I am aware of the facility requirements as established therein.

Signature: _____