



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	DOB	SS# / /	Race	Sex
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Name (Print or Type)	Position	DOB	SS# / /	Race	Sex

Signature of Applicant / Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature means agreement by owner/operator/staff of facility to comply with all policy rules, regulations and laws concerning ACC Transitional Housing 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.**

Date received by ACC: \_\_\_\_\_ Application Completed: (Yes) (No) \_\_\_\_\_

If no, what action was taken? \_\_\_\_\_ THFC Signature \_\_\_\_\_

Approval of ACC Director: \_\_\_\_\_ (Approve) (Deny) \_\_\_\_\_ Date: \_\_\_\_\_