



Division of Provider Services and Quality Assurance

**APPLICATION FOR LICENSURE  
COMMUNITY SUPPORT SYSTEMS PROVIDER**

Check all that apply: ☐ Initial application for licensure  
☐ Change of ownership  
☐ Licensure enhancement

PROVIDER NAME: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_  
*Street City County State Zip Code*

MAILING ADDRESS: \_\_\_\_\_  
(if different) *Street City County State Zip Code*

CONTACT NAME: \_\_\_\_\_

CONTACT E-MAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TAXPAYER ID # (TIN or EIN): \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

The applicant affirms receipt of the *Licensure Manual for Community Support Systems Providers* and agrees to comply with these standards, as indicated by the signature below:

\_\_\_\_\_  
Name of Applicant (print)

\_\_\_\_\_  
Signature of Applicant Date

Submit applications to [DPSQA.ProviderApplications@dhs.arkansas.gov](mailto:DPSQA.ProviderApplications@dhs.arkansas.gov).



## Division of Provider Services and Quality Assurance

### **APPLICATION FOR LICENSURE COMMUNITY SUPPORT SYSTEM PROVIDER**

Please remit with the application the following documents:

#### **CSSP License:**

- Copy of Current Accreditation
- Documentation demonstrating the entire ownership, including all the applicant's financial, governing body, and business interests;
- Documentation of management, management structure and members of the management team;
- Documentation of the current contractors and the contractors that the applicant intends to use
- State criminal background checks for employees and operators
- National criminal background checks for employees and operators
- Child Maltreatment Registry checks for employees and operators
- Adult Maltreatment Registry checks for employees and operators;
- Copy of Certificate of Good Standing from the Arkansas Secretary of State

#### **CSSP License Enhancement:**

- Copy of Current Accreditation
- Documentation of updates to the applicant's financial, governing body, and business interests, as applicable
- Documentation of updates to management, management structure and members of the management team, as applicable
- Documentation of the current contractors and the contractors that the applicant intends to use
- Updates to State criminal background checks for employees and operators, as applicable
- Updates to National criminal background checks for employees and operators, as applicable
- Updates to Child Maltreatment Registry checks for employees and operators, as applicable
- Updates to Adult Maltreatment Registry checks for employees and operators; as applicable
- Copy of Certificate of Good Standing from the Arkansas Secretary of State

\*Additional information may be requested and required upon review of application(s) for license.