

Division of Provider Services and Quality Assurance

APPLICATION FOR LICENSURE EARLY INTERVENTION DAY TREATMENT

Check all that apply:		□Initial application for licensure □Change of ownership; License #:			
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: _		
CHILDCARE LICENSE #	[‡] or ACADEMIC MEDI	CAL CENTER MED	DICAID ID #:		
The applicant affirms rece agrees to comply with the				Day Treatmo	<i>ent</i> and
Name of Applicant (pri	int)				

Signature of Applicant

Date

Submit applications to <u>DPSQA.ProviderApplications@dhs.arkansas.gov</u>.



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Please remit with the application the following documents:

- Copy of government-issued tax-identification number
- 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;

If this application is not for a change in ownership, DPSQA would also need to determine that one of the following conditions are met:

- (A) DDS has determined that the county in which the new EIDT would be located is an underserved county;
- (B) The applicant has one or more EIDT licensed locations in the same county in which the new EIDT would be located; or
- (C) The applicant has one or more EIDT licensed locations in a county contiguous to the county in which the new EIDT would be located and the existing location serves at least thirty (30) children who are eligible, enrolled, and participating in the existing location, but reside in the county in which the EIDT would be located.

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