

**IN ORDER TO RECEIVE YOUR PERSONAL
IDENTIFICATION NUMBER (PIN):
PLEASE COMPLETE THE NECESSARY FORM,
DHS-9805, AS SOON AS POSSIBLE.**

**An application must be on file for each PIN that is
issued. It is important that the application be returned
as soon as possible.**

**When the application is returned, it should be mailed
to:**

**Attn: Delois Calhoun
Division of Child Care
P.O. Box 1437, Slot S-145
Little Rock, AR 72203**

Section III: Automated Billing Method

Which automated billing method will the Provider use?

Internet Billing

Section IV: Multiple PIN Request

Will more than one person from the Child Day Care Facility be submitting bills to DHS?

YES* NO

*-If "YES", provide the name of the Child Day Care Facility representative who will be authorized to use the PIN assigned by DHS in Section V of this form:

PROVIDER REPRESENTATIVE TO USE ASSIGNED PIN

NOTE: For each additional person at the Child Day Care Facility who will be submitting bills to DHS, complete and return one copy of the "DHS Provider Billing Personal Identification Number Assignment and Certification Statement" (Form DHS-9805).

Section V: DHS Approval and Confirmation of PIN Assignment

The Provider's request for PIN assignment has been approved by DHS. Confirmation via certified mail has been posted to the Provider on the date shown below.

FOR DEPARTMENT OF HUMAN SERVICES USE ONLY		
DHS Director or Authorized Designee	Date	Title
PIN ASSIGNMENT: _____		

Mailing Address: Child Care Support Technician
 c/o Northrop Grumman
 108 E. 7th Street, Suite 300
 Slot N-301
 Little Rock, AR 72201
 FAX: 501-682-0529

"The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin."