# ARKANSAS REGISTER

## Transmittal Sheet

* Use only for **FINAL** and **EMERGENCY RULES**


Secretary of State
**Mark Martin**
State Capitol, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-3527
**www.sos.arkansas.gov**


**For Office Use Only:**

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Children and Family Services

Contact Christin Harper E-mail christin.harper@arkansas.gov Phone 501-682-8541

Statutory Authority for Promulgating Rules A.C.A. § 9-28-103

**Rule Title:** Resumption of Services Post-Termination and Reinstatement of Parental Rights

**Intended Effective Date**
(Check One)

- ☐ Emergency (ACA 25-15-204)
- ☐ 30 Days After Filing (ACA 25-15-204)
- ☐ Other April 30, 2018
  (Must be more than 30 days after filing date.)

| | Date |
|---|---|
| Legal Notice Published | 11/13/2017 |
| Final Date for Public Comment | 12/13/2017 |
| Reviewed by Legislative Council | 4/17/2018 |
| Adopted by State Agency | |

Electronic Copy of Rule submitted under ACA 25-15-218 by:

| Contact Person | E-mail Address | Date |
|---|---|---|
| Christin Harper | christin.harper@arkansas.gov | 04/17/2018 |

## CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 the Arkansas Administrative Procedures Act. (ACA 25-15-201 et. seq.)

_____
Signature

501-682-8008 mischa.martin@arkansas.gov
Phone Number E-mail Address

Director
Title

_____
Date