ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities Office of Licensing Certification & Regulation

INITIAL APPLICATION WORKSHEET

(for applicants NOT using Quick Connect)

For Child or Adult Developmental Home Licensure, please complete this application. Your licensing agency worker will input this information into the Quick Connect Licensing System. Each applicant must complete a separate application unless legally married. Married couples apply jointly.

A.R.S. 41-1030. <u>Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice.</u>

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. A.R.S. 41-1030.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Check the type of license you are applying for:

Child Developmental Home Licens	se Adult Developmental Home Lie	cense In-Home Respite License
	APPLICANT'S INFORMAT	FION
Full Legal Name (Last, First, M.I.)	Soci	al Security Number
Other Names(s) Used (Birth Name, Prior I	Married Names, Legal Name Change, etc.)	
Complete Physical Address (No., Stree	t,City, State, ZIP)	
Mailing Address (No., Street, City, State,	ZIP)	
E-mail Address (if applicable)		
Date of Birth Place	e of Birth	
Marital Status Married Sing		Legally Separated
Other <i>(explain)</i>		
Gender Male Female Lo	egal resident of the United States?	Yes No
Proof of Legal Residency	Highest Level	of Education
Field of Education (College)		
Ethnicity (Collected for statistical and	federal reporting purposes only)	
Asian White A	merican Indian <i>(Tribal Affiliation)</i> :	
Black or African American H	ispanic or Latino Origin Na	tive Hawaiian /Pacific Islander
Driver's License Yes No	State	Number
Residence History (List prior 10 years	of address history in order. Use anot	her sheet if necessary)
Address (No., Street, City, State, ZIP)		
	Dates: From To	o
Address (No., Street, City, State, ZIP)		
	Dates: From To	0
Address (No., Street, City, State, ZIP)		

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 Dates:
 From _______ To ______

Address (No.,	Street, City, State, ZIP)	
, ,	, , ,	

	Dates:	From	To
SPOUS			F JOINT APPLICATION)
Full Legal Name (Last, First, M.I.)		Social Security Number
-			ange, etc.)
-			
Date of Birth	Place of Birth	l	
Gender Male Female	Legal resid	dent of the United	States? Yes No
	•		nest Level of Education
Field of Education (College)			
Ethnicity (Collected for statistical	and federal re	eporting purposes	only)
Asian White	American I	ndian <i>(Tribal Affili</i>	ation):
Black or African American	Hispanic o	r Latino Origin	Native Hawaiian /Pacific Islander
Driver's License Yes N	o State _		Number
Residence History (List prior 10 y	ears of addre	ss history in order	r. Use another sheet if necessary)
Address (No., Street, City, State,	ZIP)		
	Dates:	From	То
Address (No., Street, City, State,	ZIP)		
			То
Address (No., Street, City, State,	ZIP)		
	Dates:	From	To
Address (No., Street, City, State,	ZIP)		

HOUSEHOLD INFORMATION

To _

Provide the following information for each person living in your house. (Do not include the applicant and spouse, use additional sheet if necessary)

Dates: From _

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	GENDER	SOCIAL SECURITY NO. (IF AGE 17 OR OVER)	RELATIONSHIP TO YOU (CHILD, SIBLING, FRIEND)	HOW LONG HAVE THEY LIVED WITH YOU?
		M F			
		M F			
		M F			
		M F			
		M F			
		M F			

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PERSONS LIVING ON THE PREMISES

(Not in your home, but in other residences on your property, i.e. guest house, camper, etc.)

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	GENDI	ĒR	SOCIAL SECURITY NO. (IF AGE 17 OR OVER)	RELATIONSHIP TO YOU (CHILD, SIBLING, FRIEND)	HOW LONG HAVE THEY LIVED WITH YOU?	UNSUPER ACCESS T CHILDR	O THE
		М	F				Yes	No
		М	F				Yes	No
		М	F				Yes	No
		М	F				Yes	No
		М	F				Yes	No
		М	F				Yes	No

MINOR AND ADULT CHILDREN NOT LIVING IN YOUR HOME

(Use another sheet if necessary)

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	GENDER	MAILING ADDRESS	TELEPHONE NUMBER
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

	EMPLOYMENT INFORMATION	ON (<i>AP</i>	PPLICAN	<u>T) </u>
Present Employer				
Address (No., Street, City, Sta	ate, ZIP)			
Telephone No	Position/Title			Hours of Work
Date of Hire	Work with DD child or Adult?	Yes	No	
Present Employer				
Address (No., Street, City, Sta	ate, ZIP)			
Telephone No.	Position/Title			Hours of Work
Date of Hire	Work with DD child or Adult?	Yes	No	
Prior Employer #1				
Address (No., Street, City, Sta	ate, ZIP)			
Telephone No.	Date of Hire	Da	ite Employn	nent Ended
Position/Title				
Work with DD child or Adult?	Yes No			
Prior Employer #2				
Address (No., Street, City, Sta	ate, ZIP)			
Telephone No.	Date of Hire	Da	ite Employn	nent Ended
Position/Title				

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Work with DD child or Adult? Yes No Prior Employer #3 Address (No., Street, City, State, ZIP) Telephone No. _____ Date of Hire _____ Date Employment Ended _____ Position/Title Work with DD child or Adult? Yes No Prior Employer#4 Address (No., Street, City, State, ZIP) Telephone No. _____ Date of Hire _____ Date Employment Ended _____ Position/Title Work with DD child or Adult? Yes No **EMPLOYMENT INFORMATION (SPOUSE)** Present Employer _____ Address (No., Street, City, State, ZIP) Telephone No. ______ Position/Title _____ ____ Hours of Work ____ _____ Work with DD child or Adult? Yes Date of Hire ____ No Present Employer Address (No., Street, City, State, ZIP) Telephone No. _____ Position/Title ____ _____ Hours of Work _____ Work with DD child or Adult? Yes No Prior Employer #1 Address (No., Street, City, State, ZIP) Telephone No. _____ Date of Hire _____ Date Employment Ended _____ Position/Title Work with DD child or Adult? Yes No Prior Employer#2 _____ Address (No., Street, City, State, ZIP) Telephone No. Date of Hire Date Employment Ended Position/Title Work with DD child or Adult? Yes No Prior Employer #3 ____ Address (No., Street, City, State, ZIP) Telephone No. _____ Date of Hire _____ Date Employment Ended ____ Position/Title _____ Work with DD child or Adult? Yes No Prior Employer #4 Address (No., Street, City, State, ZIP) Telephone No. _____ Date of Hire _____ Date Employment Ended _____ Position/Title

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Work with DD child or Adult? Yes No

Work Will BB Simu Stridakt. 100 140		
CERTIFICATION/LICENSING EXPERIE	NCE (APPLICANT)	
Licensure/Certification Dates: From To	Yes No Type of Care	
In what state(s)?	? Yes No	
CERTIFICATION/LICENSING EXPER	IENCE <i>(SPOUSE)</i>	
Have you ever applied to be licensed or certified in any state to provide care in-home child care, child care center, Foster care, assisted living, etc.)?	e to a child or a vulnerable adult <i>(e.g. adoptior</i> Yes No	า
If Yes, were you: Licensed Certified License No.	Type of Care	_
Licensure/Certification Dates: From To		
In what state(s)?		_

Yes

No

Summarize any experience you have in providing care or supervision to children or

Have you ever had a license or certification, denied, suspended or revoked?

vulnerable adults (use additional sheet if necessary)

	REFERENCES						
NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP	TYPE (CHARACTER, PERSONAL, SCHOOL, WORK, ETC.)	YEARS KNOWN		

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DISCLOSURE OF DEPARTMENT OF CHILD SAFETY/ADULT PROTECTIVE SERVICES INVOLVEMENT CIVIL ACTIONS/COURT RECORDS

Check the box if you have ever been involved in any of the following:

TYPE OF INVOLVEMENT	APPLICANT	SPOUSE
Allegation of abuse, neglect or abandonment of a child or a vulnerable adult (This includes any DCS or APS reports)		
Dependency action regarding a child.		
Record of substantiated child maltreatment or maltreatment of vulnerable adults.		
Severance or Termination of Parental Rights (TPR)		
Adoption.		
Delinquency/incorrigibility regarding your biological or adopted children		
Child support enforcement proceedings		
Child custody		
Criminal proceedings		
Filed for or declared bankruptcy		
Lawsuit filed against you		
COURT/AGENCY ACTION		

(If yes to any of the prior section, complete this section – use additional sheet if necessary)

<u> </u>			- · · · · · · · · · · · · · · · · · · ·	
NAME	DATE	CITY & STATE OF COURT	NATURE OF ACTION	OUTCOME

ARREST RECORD

NAME	DATE OF ARREST	CITY & STATE OF ARREST	CHARGE	DISPOSITION

VEHICLE INFORMATION		

Wł	าat	do	you j	olan	to use '	to	transpor	t ch	ilc	lren o	r vu	Ineral	ы	le ad	lul	ts p	laced	in	your	home'	?
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Friends/Family **Public Transportation** Own Vehicle Other (specify) _

Do you currently own or have access to an infant car seat?

Yes

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If Yes, do you know how to install and use it properly? Yes No

Do you currently own or have access to a child car seat? Yes No

If Yes, do you know how to install and use it properly? Yes No

Do you agree to follow the DES policy of not transporting children in the bed of a pick-up? Yes No

Is your vehicle equipped with front passenger seat air bags? Yes No

Are you aware children 12 years old and younger should not be transported in the front passenger seat if the car has front passenger air bags? Yes No

Do you have a current registration and insurance for the vehicle(s) you intend to use to transport children and vulnerable adults? Yes No

VEHICLE DETAILS

MAKE	MODEL	YEAR	REGISTRATION EXPIRATION	INSURANCE COMPANY	INSURANCE EXPIRATION	VIN NUMBER

BUDGET/FINANCIAL INFORMATION	
Applicant Net Monthly Income (take home)	\$
Spouse Net Monthly Income (take home)	\$
Interest or Dividend Income	\$
Other Income (source:	\$
Other Income (source:	\$
Additional Resources (Child support, rent, adoption subsidy, etc.) (source:	\$
Additional Resources (Child support, rent, adoption subsidy, etc.)	
(source:	\$
Total Monthly Income	\$

ASSETS	EQUITY/VALUE
Home	\$
Financial Accounts	\$
Stock, Bonds, 401K, Retirement	\$
Personal Property (Furniture, jewelry, etc.)	\$
Other items of significant value	\$

EXPENSES	MONTHLY	EXPENSES	MONTHLY
Mortgage/Rent	\$	Clothing	\$
Taxes/Insurance	\$	Vehicle Payment(s)	\$
Electric, Gas, Water, Sewer Bills	\$	Vehicle Insurance	\$
Telephone, Cable, Internet, etc.	\$	Vehicle Operation (Gas, oil, tires, maintenance)	\$
Food & Household Supplies	\$	Credit Card Payments	\$
Savings Account	\$	Loans not reflected above	\$
Charitable Contributions	\$	Loans not reflected above	\$
Medical/Dental Care	\$	Other (specify):	\$
Child Care	\$	Other (specify):	\$
Education	\$	Total Monthly Expenses	\$

LIFE-SAFETY INSPECTION PREPARATION

Directions to your home (Including landmarks and major cross streets)

What is your school disti	rict?											
Do you have a swimmin	g pool?	Yes	No									
If yes, is it fenced?		Yes	No	lf n	ot fenced,	is it draine	d?	Yes	No			
Do you have a spa or ho	ot tub?	Yes	No	If y	es, is it fei	nced?		Yes	No			
If not fenced, is it draine	d?	Yes	No									
Are there any other bodi	ies of wate	er on the	premise	s?	Yes	No						
If Yes, describe:												
How many bedrooms ar	e in your l	nouse?			_ How m	any bathro	oms a	are in you	r house?			
Do you have guns on th	e premise	s?	Yes	No	If yes, a	e they in Ic	cked	storage?		Ye	s	No
Are they trigger locked of	or inoperal	ble?	Yes	No								
Do you have ammunition	n on the p	remises'	?		Yes	No						
If yes, is it in locked stor	age?		Yes	No	Are gun	and amm	unitio	n stored s	eparately	y? Ye	s	No
Do you have any pets o	r animals?	Р Ві	rd (Cat	Dog	Rodent	R	eptile	Livesto	ock		
		Ot	ther (spe	cify): _								
FOR	DOGS ON	LY: NAMI	E OF DO	G AND I	BREED			RABIES '	VACCINE	EXPIRATION	ON DA	TE
				T	RAINING							
COMPLETION DATE	TYPE				NAME	OF TRAINI	NG			CREDIT	HOUR	RS
		+										
		1										

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				LICENSIN	IG PREFERENCES	
Gender	Male	Female	Either	Both	Age Range	
Number of C	Children/A	dults				
	ult Devel	opmental Ho			ment of Understanding & Agree tion, I /we hereby declare the in	
Applicant's S	Signature					Date

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.