

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

**APPLICANT STATEMENT OF UNDERSTANDING  
for  
Child or Adult Developmental Home**

By signing and submitting this form I am requesting a license or an amendment to a current license. I have read, understand, and agree to comply with all applicable laws, rules and regulations relating to operation of a home for the care of vulnerable children or adults in the state of Arizona.

**AGREEMENTS AND AUTHORIZED SIGNATURE(S)** *(Read each statement carefully and sign and date)*

Specifically:

I grant permission to the Department of Economic Security and the Licensing Agency to conduct investigative practices for Licensing and Certification purposes only.

I understand the complete application process includes verification of compliance with all licensing rules, including pre-service training, fingerprinting, criminal record and protective service records check *(Adult Protective Services and Department of Child Safety Central Registries)* of all persons 18 years old and over residing in my household, a life-safety inspection of my home, an assessment of all household members, and analysis of my financial stability, and a statement of health from my physician. For amendments, I understand the process may include any and/or all of the proceeding.

I understand that the abuse or illegal use of alcohol or prescription drugs is strictly prohibited while I am responsible for the care, supervision, or transportation of vulnerable children or adults. I further understand that the use or possession of any quantity of marijuana, cocaine, heroin, or any drug or intoxicant deemed illegal, is strictly prohibited.

I understand that physical or corporal punishment is a prohibited form of discipline which I shall not use while providing for the care and supervision of children or vulnerable adults.

I understand that licensure or certification does not guarantee the placement of a child or vulnerable adult in my home.

I understand that the federal Inter-Ethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (Public Law 104-188) prohibits the denial of licensure on the basis of my race, color or national origin, or on the basis of the race, color or national origin of the involved child or vulnerable adult.

I attest, under penalty of perjury, that to the best of my knowledge, the information provided in this application is true and correct. I further understand that the provision of false information or the intentional misrepresentation of information on this application may result in the denial or revocation of my License.

By signing this Statement of Understanding, I also give my licensing agency permission to input or update my electronic foster care application. This permission will continue throughout the current licensing year unless revoked by me in writing.

Quick Connect License Identification Number: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S NAME *(Print or type)*

APPLICANT'S SIGNATURE	DATE
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\_\_\_\_\_  
CO-APPLICANT'S *(Spouse)* NAME *(Print or type)*

CO-APPLICANT'S <i>(Spouse)</i> SIGNATURE	DATE
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**Adult household member(s) residing in the applicants home**

All persons over the age of 18 residing with the applicant must read and sign the statement of understanding below:

I understand that the family I reside with, \_\_\_\_\_ is applying for a license  
(Name)  
 or an amendment to a current license. Since I am a person over the age of 18 residing in the home I understand that there will be a fingerprint check, a criminal record check and a protective service record check (*Adult Protective Services and Department of Child Safety Central Registries*) completed on me.

**HOUSEHOLD MEMBER #1**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

**HOUSEHOLD MEMBER #2**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

**HOUSEHOLD MEMBER #3**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

**HOUSEHOLD MEMBER #4**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

**HOUSEHOLD MEMBER #5**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

**HOUSEHOLD MEMBER #6**

ADULT'S NAME <i>(Print or type)</i>	RELATIONSHIP	
SIGNATURE		DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.