

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. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice.

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 License Adult Developmental Home License In-Home Respite License

APPLICANT'S INFORMATION

Full Legal Name (Last, First, M.I.) Social Security Number

Other Names(s) Used (Birth Name, Prior Married Names, Legal Name Change, etc.)

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

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

E-mail Address (if applicable)

Date of Birth Place of Birth

Marital Status Married Single Widowed Divorced Legally Separated
Other (explain)

Gender Male Female Legal 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 American Indian (Tribal Affiliation):
Black or African American Hispanic or Latino Origin Native Hawaiian /Pacific Islander

Driver's License Yes No State Number

Residence History (List prior 10 years of address history in order. Use another sheet if necessary)

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

Dates: From To

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

Dates: From To

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

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)	GENDER	SOCIAL SECURITY NO. (IF AGE 17 OR OVER)	RELATIONSHIP TO YOU (CHILD, SIBLING, FRIEND)	HOW LONG HAVE THEY LIVED WITH YOU?	UNSUPERVISED ACCESS TO THE CHILDREN?
		M F				Yes No
		M F				Yes No
		M F				Yes No
		M F				Yes No
		M F				Yes No
		M 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 (APPLICANT)

Present Employer _____

Address (No., Street, City, State, 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, State, 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, 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 _____

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 _____

Date of Hire _____ Work with DD child or Adult? Yes No

Present Employer _____

Address (No., Street, City, State, 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, 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 _____

Work with DD child or Adult? Yes No

CERTIFICATION/LICENSING EXPERIENCE (APPLICANT)

Have you ever applied to be licensed or certified in any state to provide care to a child or a vulnerable adult (e.g. adoption, in-home child care, child care center, Foster care, assisted living, etc.)? Yes No

If Yes, were you: Licensed Certified License No. _____ Type of Care _____

Licensure/Certification Dates: From _____ To _____

In what state(s)? _____

Have you ever had a license or certification, denied, suspended or revoked? Yes No

Summarize any experience you have in providing care or supervision to children or vulnerable adults (use additional sheet if necessary).

CERTIFICATION/LICENSING EXPERIENCE (SPOUSE)

Have you ever applied to be licensed or certified in any state to provide care to a child or a vulnerable adult (e.g. adoption, in-home child care, child care center, Foster care, assisted living, etc.)? Yes No

If Yes, were you: Licensed Certified License No. _____ Type of Care _____

Licensure/Certification Dates: From _____ To _____

In what state(s)? _____

Have you ever had a license or certification, denied, suspended or revoked? Yes No

Summarize any experience you have in providing care or supervision to children or vulnerable adults (use additional sheet if necessary)

REFERENCES

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

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 <i>(This includes any DCS or APS reports)</i>		
Dependency action regarding a child.		
Record of substantiated child maltreatment or maltreatment of vulnerable adults.		
Severance or Termination of Parental Rights <i>(TPR)</i>		
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)

NAME	DATE	CITY & STATE OF COURT	NATURE OF ACTION	OUTCOME

ARREST RECORD

NAME	DATE OF ARREST	CITY & STATE OF ARREST	CHARGE	DISPOSITION

VEHICLE INFORMATION

What do you plan to use to transport children or vulnerable adults placed in your home?

Own Vehicle Friends/Family Public Transportation Other *(specify)* _____

Do you currently own or have access to an infant car seat? Yes No

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

ASSETS	EQUITY/VALUE
Home	\$
Financial Accounts	\$
Stock, Bonds, 401K, Retirement	\$
Personal Property (<i>Furniture, jewelry, etc.</i>)	\$
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 (<i>Gas, oil, tires, maintenance</i>)	\$
Food & Household Supplies	\$	Credit Card Payments	\$
Savings Account	\$	Loans not reflected above	\$
Charitable Contributions	\$	Loans not reflected above	\$
Medical/Dental Care	\$	Other (<i>specify</i>):	\$
Child Care	\$	Other (<i>specify</i>):	\$
Education	\$	Total Monthly Expenses	\$

LICENSING PREFERENCES

Gender Male Female Either Both Age Range _____

Number of Children/Adults _____

By signing this Application Worksheet and the Statement of Understanding & Agreement Signature Form for the Child or Adult Developmental Home License Application, I /we hereby declare the information on this worksheet is accurate and true.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____