ARIZONA DEPARTMENT OF CHILD SAFETY

Office of Licensing and Regulation

INITIAL APPLICATION WORKSHEET

(for applicants NOT using Quick Connect)

For Foster 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. For Adoption Certification, married couples apply jointly; if unmarried, only one person in a couple may apply.

Check the type of license you are applying for: (If applying for Fo.	ster Care and Adoption, check both)						
Foster Home License							
☐ Therapeutic Certification ☐ Medically Complex ☐ Emergency Receiving Certification							
Group Certification (overcap. only)							
Adoption Certification							
☐ In-Home Respite License							
APPLICANT 1 INFORMATION	ADDITION OF STREET ADDITION OF STREET	annlication)					
FULL LEGAL NAME (Last, First, Middle)	APPLICANT 2 INFORMATION (If joint FULL LEGAL NAME (Last, First, Middle)	application)					
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER						
OTHER NAME(S) USED (birth name, prior married names, legal name change, etc.)	OTHER NAME(S) USED (birth name, prior married names, legal	al name change, etc.)					
COMPLETE PHYSICAL ADDRESS (No., Street, City, State, ZIP)	COMPLETE PHYSICAL ADDRESS (No., Street, City, State, Zl.	P)					
Committee the first of the firs	COM ELTETTIONE ABBRESS (No., Street, Stry, State, En	• /					
COMPLETE MAILING ADDRESS (If different from Physical Address)	COMPLETE MAILING ADDRESS (If different from Physical Add	dress)					
E-MAIL ADDRESS (If applicable) PHONE NO.	E-MAIL ADDRESS (If applicable) PHON	NE NO.					
APPLICANT 1 PERSONAL INFORMATION DATE OF BIRTH PLACE OF BIRTH	APPLICANT 2 PERSONAL INFORM DATE OF BIRTH PLACE OF BIRTH	MATION					
DATE OF BIRTH	PLACE OF BIRTH						
MARITAL STATUS	DATE OF MARRIAGE						
☐ Married ☐ Single ☐ Widowed ☐ Divorced							
Legally Separated Other(explain):							
GENDER LEGAL RESIDENT OF THE UNITED STATES?	GENDER LEGAL RESIDENT OF THE	UNITED STATES?					
☐ Male ☐ Female ☐ Yes ☐ No	☐ Male ☐ Female ☐ Yes	☐ No					
PROOF OF LEGAL RESIDENCY	PROOF OF LEGAL RESIDENCY	_					
HIGHEST LEVEL OF EDUCATION	HIGHEST LEVEL OF EDUCATION						
FIELD OF EDUCATION (College)	FIELD OF EDUCATION (College)						
FIELD OF EDUCATION (College)	FIELD OF EDUCATION (College)						
ETHNICITY (Collected for statistical and federal reporting purposes only)	ETHNICITY (Collected for statistical and federal reporting purpo	oses only)					
Asian White	☐ Asian ☐ White						
American Indian (Tribal Affiliation):	American Indian (Tribal Affiliation):						
☐ Black or African American ☐ Hispanic or Latino origin	Black or African American Hispanic or Latino origin						
☐ Native Hawaiian / Pacific Islander	Native Hawaiian / Pacific Islander	Lutino origin					
DRIVERS LICENSE N/A	DRIVERS LICENSE	N/A					
State: Number: Exp.	State: Number:	Exp.					
List any restrictions:	List any restrictions:	ī					
RESIDENCE (Past 10 years, list in date order. Use another sheet if necessary.	RESIDENCE (Past 10 years, list in date order. Use another she						
If applicant has lived out of state within the past 10 years, a Central Registry Release of Information must be completed.)	If applicant has lived out of state within the past 10 years, a Cer of Information must be completed.)	nıral kegistry kelease					
Address:	Address:						
City, State, ZIP:	City, State, ZIP:						
Dates: To From:	Dates: To From:						

APPLICANT RESIDENCE (Past 10 years, list in date	1 INFORMAT				CANT 2 INFORMAT			
Address:	order. Use another	sneet if necessa	ry.)	Address:	Past 10 years, list in date orde	er. Use a	anotner sneet	ir necessary.)
					71D.			
City, State, ZIP:	F			City, State,				
Dates: To RESIDENCE (Past 10 years, list in date	From:	sheet if necessa	ry.)	Dates: To	Past 10 years, list in date orde	om: er. Use a	another sheet	if necessary.)
Address:				Address:	•			• •
City, State, ZIP:				City, State,	ZIP:			
Dates: To	From:			Dates: To	Fr	om:		
				NFORMAT				
					on living in your hous s. Use additional shee		cessarv	
Name (Last, First, M.I.)	Date of Birth (MM/DD/YY)	Gender	Social	Security No. 2 17 or over)	Relationship to you (child, sibling, friend	u	How los	ng have they with you?
	, , ,	□M □F	\ v	· · · · · · · · · · · · · · · · · · ·	. , , , ,	,		
		□ M □ F						
		□ M □ F						
		□ M □ F						
		□ M □ F						
		□ M □ F						
Not in mount				ON THE PR				
		er residence			, such as a guest hous		long have	Unsupervised
Name (Last, First, M.I.)	Date of Birth (MM/DD/YY)	Gender	(if age	Security No. 217 or over)	Relationship to you (child, sibling, friend)	th	ey lived th you?	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
I	MINOR AND A			NOT LIVE eet if necessa	ING IN YOUR HOM	E		
Name	Date of Birth	Gender			lling Address		Telenh	one Number
(Last, First, M.I.)	(MM/DD/YY)	□ M □ F			ining ruaress		Тегери	
		□ M □ F						
		□ M □ F						
		□ M □ F						
		□ M □ F						
		□ M □ F						
		□M □F						

Employment Information – Include past 10 years, list in date order. Use another sheet if necessary.					
Applicant 1	Applicant 2				
Employer:	Employer:				
Address:	Address:				
Telephone No.:	Telephone No.:				
Position/Title:	Position/Title:				
Hours of Work:	Hours of Work:				
Date of Hire:	Date of Hire:				
Date Employment Ended:	Date Employment Ended:				
Applicant 1	Applicant 2				
Employer:	Employer:				
Address:	Address:				
Telephone No.:	Telephone No.:				
Position/Title:	Position/Title:				
Hours of Work:	Hours of Work:				
Date of Hire:	Date of Hire:				
Date Employment Ended:	Date Employment Ended:				
Applicant 1	Applicant 2				
Employer:	Employer:				
Address:	Address:				
Telephone No.:	Telephone No.:				
Position/Title:	Position/Title:				
Hours of Work:	Hours of Work:				
Date of Hire:	Date of Hire:				
Date Employment Ended:	Date Employment Ended:				
Applicant 1	Applicant 2				
Employer:	Employer:				
Address:	Address:				
Telephone No.:	Telephone No.:				
Position/Title:	Position/Title:				
Hours of Work:	Hours of Work:				
Date of Hire:	Date of Hire:				
Date Employment Ended:	Date Employment Ended:				
Applicant 1	Applicant 2				
Employer:	Employer:				
Address:	Address:				
Telephone No.:	Telephone No.:				
Position/Title:	Position/Title:				
Hours of Work:	Hours of Work:				
Date of Hire:	Date of Hire:				
Date Employment Ended:	Date Employment Ended:				

Certification/Licensing Experiment	erience				
Do you have work experience working with any of these specialized populations?	Applican Developmental disabilities Children with special nee	es	Developmental d		
Do you have training in CPR and/or First Aid?	CPR First Aid		CPR First A	id	
Have you ever applied to be licensed or certified in any state to provide care to a child (e.g., adoption certified, HCBS certified, RN, LPN, CNA, physical therapist, occupational therapist, respiratory therapist, speech/hearing therapist, foster care certified)?	☐ Yes ☐ No If Yes, were you: ☐ Licensed ☐ Certified License No.: Type of Care: Licensure/Certification Dates From: To In what state(s)?		☐ Yes ☐ No If Yes, were you: ☐ Licensed ☐ Ce. License No.: Type of Care: Licensure/Certification From: In what state(s)?		
Have you ever had a license or certification, denied, suspended or revoked?	Yes No If Yes, ex	plain:	Yes No If	Yes, explain:	
Summarize any experience you have in providing care or supervision to children. Use additional sheet if necessary.					
	ve references. No more than tw uples, at least two references r			plicants by blood	
Name	Address	Telephone No.	E-Mail	Relationship	Years Known

the following:	or APS Involveme	ent / C	ivil Actions / Court Recor	ds – Check the box if you ha	ve ever been involved in any of					
Applicant 1	Applicant 2		Type of Involvement							
			Allegation of abuse, neglect or abandonment of a child or a vulnerable adult (This includes any APS or DCS reports)							
		Dep	Dependency action regarding a child							
		Reco	ord of substantiated child m	altreatment or maltreatment of	f vulnerable adults					
		Seve	erance or termination of par	rental rights (TPR)						
		Ado	ption							
		Deli	nquency/incorrigibility rega	arding your biological or adop	ted children					
		Chil	d support enforcement proc	ceedings						
		Chil	d custody							
		Crin	ninal proceedings							
		Filed	d for or declared bankruptcy	y						
		Law	suit filed against you							
		Dive	orce							
Court / Agency Ac	tion / Criminal Ar	rest R	ecord – If Yes to any of th	ne prior section, complete this	section. Use additional sheet					
Name	Date	;	City and State of Court	Nature of Action/Charge	Outcome					
Vehicle Informatio	ın									
		ildren	or vulnerable adults placed	in your home?						
Own Vehicle	Friends/Family		Public Transportation [Other (specify):						
Do you currently ov	vn or have access to	an in	fant car seat?	How many?	Yes No					
Do you currently ov	vn or have access to	a chil	d car seat?	How many?	Yes No					
If Yes, do you k	now how to install	and us	se it properly?							
Do you follow the Γ	OCS policy of not to	anspo	rting children in the bed of	a pick-up truck?						
Do you have a curre	ent registration and	insura	nce for the vehicle(s) you in	ntend to use to transport children	en? Yes No					
Is your vehicle equi	pped with front pas	senger	seat air bags?		Yes No					
				ted in the front passenger seat	Yes No					

Vehicle Details

Make	Model	Year	Registration Expiration	Insur	ance Company	Insurance Expiration	VIN Number	No. of Working Seatbelts	
-									
Budget/Financial				or the ye	ı				
Applicant 1 Net M					\$				
Applicant 2 Net M		take home	?)		\$				
Interest or Dividen					\$				
Other Income - Sor					\$				
Other Income - Sou	urce:				\$				
Additional Resource:	ces (child suppo	rt, rent, ad	doption subsidy,	etc.)	\$				
Additional Resource:	ces (child suppo	rt, rent, ad	doption subsidy,	etc.)	\$				
		To	tal Monthly Inc	come	\$				
Expenses					Monthly				
Mortgage/Rent					\$				
Taxes/Insurance					\$				
Electric, Gas, Water	er, Sewer Bills				\$				
Telephone, Cable,	Internet, etc.				\$				
Food and Househo	ld Supplies				\$				
Savings Account					\$				
Charitable Contribu	utions				\$				
Medical/Dental Ca	re				\$				
Child Care					\$				
Education					\$				
Child Support					\$				
Clothing					\$				
Vehicle Payment(s)				\$				
Vehicle Insurance					\$				
Vehicle Operation	(Gas, oil, tires,	maintenar	nce)		\$				
Credit Card Payme	ents				Minimum monthly payment				
Name:		Balan	ce:		\$	41.1			
Credit Card Payme Name:	ents	Balan	ce:		Minimum mon	tniy payment			
Credit Card Payments			Minimum monthly payment						
	Balance:				\$				
Loans not reflected	l above				\$				
Recreation / hobbies				\$					
Other (specify):					\$				
Other (specify):					\$				
		Tota	l Monthly Expe	enses	\$				

Life-Safety Inspection Preparation	
Directions to your home (Including landmarks and major cross streets)	
What is your school district?	
Do you have a swimming pool?	es 🗌 No
If Yes, is it fenced?	es 🗌 No
If not fenced, is it drained?	es 🗌 No

Do you have a swimmin	g pool?				Yes No
If Yes, is it fenced?				Yes No	
If not fenced, is it dr	rained?	<u></u>	·····		Yes No
Do you have a spa or hot	t tub?				Yes No
If Yes, is it fenced?					Yes No
If not fenced, is it dr	rained?				Yes No
Are there any other bodi	es of water on the	premises? If Yes,	desci	ribe:	Yes No
How many bedrooms are	e in your house?			How many bathrooms are in your house?	
Do you have guns on the	e premises?				Yes No
If Yes, are they in lo	ocked storage?				Yes No
Are they trigger locl	ked or inoperable?				Yes No
					Yes No
If Yes, are they in lo	ocked storage?		· • • • • • • • • • • • • • • • • • • •		Yes No
Are guns and ammu	inition stored sepai	rately?			Yes No
Are all medications lock	ed up? (This inclu	des prescribed, ove	r-the	e-counter, vitamins and supplements.)	Yes No
Do you have any pets or		_			
	Dog Rode			Livestock Other (specify):	
For Do	ogs Only: Name o	of Dog		Rabies Vaccine Expiration Da	ate
Training					
Applicant's Name	Completion Date	Туре		Name of Training	Credit Hours
			+		
			+		
			+		
			<u> </u>		
			+-		

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Licensing Preferences						
Gender: Male Female Either Both	Age Range:	Number of Children:				
If you are applying for Foster Home Licensure, would you be willing to expand your license to accommodate a sibling group or provide short-term respite for other foster parents?						
If you are applying for Adoption Certification, would you consider	ler adopting a child wi	th special needs?				
By signing this Application Worksheet and the Statement of Understanding and Agreement Signature Form for the Family Foster Home License Application, I /we hereby declare the information on this worksheet is accurate and true.						
APPLICANT 1 SIGNATURE		DATE				
APPLICANT 2 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 Department services is available upon request. • Disponible en español en línea o en la oficina local.