



ARIZONA DEPARTMENT OF CHILD SAFETY
**VERIFICATION OF RELOCATION OF AN
ADULT HOUSEHOLD MEMBER**

Per Arizona Revised Statutes (A.R.S.) §8-504 and Arizona Administrative Code (A.A.C.) R21-6-206 and R21-6-301 all licensees and adult household members in licensed family foster homes must pass a background check including possession of a valid Level 1 Fingerprint Clearance Card issued by the Arizona Department of Public Safety and a check of the DCS Central Registry and Central Registries of other states in which the adult household member has resided within five (5) years of the date of moving into the licensed foster home. Additionally, a check of the Adult Protective Services Registry in Arizona is required.

Per our information, _____, does not have
Household Member

_____ and therefore does not meet criteria to live in

your licensed foster home. OLR will require verification by _____ that
Date

_____ no longer resides at your residence or on your premises.
Household Member

By signing below, I/we certify that the above referenced adult moved from this residence on

_____ to _____
Date *New Address*

I choose not to have this adult household member vacate, and am voluntarily closing my license.

Licensee Signature *Licensee Name Printed* *Date*

Licensee Signature *Licensee Name Printed* *Date*

Agency Witness Signature *Agency Witness Name Printed* *Date*