CSO-1329A (02-19) ARIZONA DEPARTMENT OF CHILD SAFETY

OFFICE OF LICENSING AND REGULATION (OLR)

FOSTER HOME LICENSING

 **PERMISSION FOR TRANSFER OF RECORD**

This completed form shall be submitted via Onbase
 [https://azdcs.onbaseonline.com/azdcs/HTMLForms/AZDCS\_IntakeForm.html](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fazdcs.onbaseonline.com%2Fazdcs%2FHTMLForms%2FAZDCS_IntakeForm.html&data=02%7C01%7CCandice.Winters%40AZDCS.GOV%7C6b812eae4f1b46a89bbf08d67670f335%7C45e362692a6c41ccacf12d7382c0efee%7C0%7C0%7C636826624833617618&sdata=r0MqhoDqj2jQrYv8WKBD94R1xv2KE8Ti0JmXl35jusY%3D&reserved=0) by the receiving agency.

**An incomplete form will be returned and may result in a delay.**

|  |  |  |
| --- | --- | --- |
| License Identification Number:*(from Quick Connect)* |  | Is the License active? [ ]  Yes [ ]  No |

By signing this document the Receiving Agency Representative acknowledges that information has been reviewed to accept the transfer of this provider. *(Examples of items that should be considered prior to transfer include, but are not limited to, the expiration date of the current license, any outstanding or recently completed Corrective Action Plans or investigations, the current status of the license, etc.)*

|  |  |  |
| --- | --- | --- |
| SUPERVISOR FOR RECEIVING AGENCY (Name Printed or Typed)      | SIGNATURE | DATE      |
| **Additional Information** |
| LICENSEE’S NAME (Last, Middle, First)      | DATE OF REQUEST      |
| LICENSEE’S ADDRESS (No., Street, City, State, ZIP)      |
| LICENSE TRANSFER (Sending agency’s name)**From:**       | LICENSE TRANSFER (Receiving agency’s name)**To:**       |
| RECEIVING AGENCY SPECIALIST’S NAME (Type or print)      |
| SENDING AGENCY SUPERVISOR’S SIGNATURE      |
| Recommended Effective Date of Transfer:      | Have you consulted the sending agency and are they in agreement with the recommended effective date? | [ ]  Yes [ ]  No |
| By signing this document, the applicant/licensee gives permission to OLR to release all electronic files (including Quick Connect File) and other related records to the receiving agency. |
| LICENSEE/APPLICANT’S NAME (Type or print)      | SIGNATURE | DATE      |
| LICENSEE/APPLICANT’S NAME (Type or print)      | 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. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.