



ARIZONA DEPARTMENT OF CHILD SAFETY
CHILD WELFARE LICENSING RENEWAL APPLICATION
(For Residential Group Care Licensed Under AAC Title 6 Chapter 5 Article 74)

If requested information or supporting documentation is not available, a written explanation must be included.

Check the Type of Child Welfare Agency License You are Applying For

_____ <i>Applicant Full Legal Name: (Last, First, Middle)</i>	_____ <i>Title</i>	_____ <i>License Expiration Date:</i>
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_____ <i>Agency Name</i>	Residential Group Home
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Agency Physical Address:

_____ <i>Agency Physical Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
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Agency Mailing Address:
(If different from physical address)

_____ <i>Agency Mailing Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
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_____ <i>Agency Phone:</i>	_____ <i>Agency E-Mail Address</i>	_____ <i>Federal Tax Id Number</i>	Agency Is For Profit Agency Is For Non-Profit
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Corporate Officers/Members

Title	Name	Has This Person Changed During The Last Licensing Year		Phone	Email Address
		Yes	No		
Applicant					
	Physical Address (Number, Street, City, State, Zip)				
CEO					
	Physical Address (Number, Street, City, State, Zip)				
Acting CEO					
	Physical Address (Number, Street, City, State, Zip)				
Program Director					
	Physical Address (Number, Street, City, State, Zip)				
Facility Manager/ Supervisor					
	Physical Address (Number, Street, City, State, Zip)				
Medical Director					
	Physical Address (Number, Street, City, State, Zip)				
10% Owner					
	Physical Address (Number, Street, City, State, Zip)				
Other:					
	Physical Address (Number, Street, City, State, Zip)				



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Corporate Officers / Members ~ continued

Business and personal litigation including but not limited to bankruptcy, collections, child support, divorce, dependency criminal proceedings, adoption, child custody, lawsuits, etc. If answered yes, a written description shall be submitted with this application.

If yes, detail in the next two sections below:

Title	Name	List current licenses or certifications held (If Applicable)	Has this person ever applied for a license or certification in any state to provide care to a child or vulnerable adult?		Has this person had a license, application, or certification in any state to provide care to a child or vulnerable adult denied or revoked?		Has this person had allegations of abuse or neglect of a child or vulnerable adult?		Has this person been a party to Litigation within the past 10 years?		Has this person operated a child welfare agency in the past 10 years?	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Applicant												
CEO												
Acting CEO												
Program Director												
Facility Manager/ Supervisor												
Medical Director												
List all owners with 10% or more ownership												
Owner%												
Owner%												
Owner%												
Other:												

If answered yes to any of the above, a written description and any applicable supporting documents shall be submitted with this application.

Governing Body

Name	Address	Position Title	Membership Term	Relationship to Applicant



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Adults Residing with Staff in Facility N/A

Name	Name of Staff	Relationship to Staff	Facility Location

Children Residing with Staff in Facility N/A

Name	Name of Staff	Relationship to Staff	Facility Location

Attach all documents detailed below with your renewal application

- Acknowledge that **Agency Roster** submitted to the department is current and up to date.
- Fire Inspection (*Fire inspection report completed by the state fire marshal or a local fire department*)
- Gas equipment inspection, if applicable.
- Water supply analysis report, if applicable.
- Written annual evaluation as to whether the agency is achieving its goals and objectives.
- Certificate of insurance coverage.
- Financial Statement prepared by an independent CPA who is not employed by the agency.
- Current budget and the agency’s audit report for its preceding fiscal year.
- Minutes of quarterly meetings of the agency’s Governing Body.

Additional Requirements

*Attach all documents detailed below with your renewal application.
 Missing documentation shall result in an incomplete notification and may delay your application.*

Yes	No	
		Letter of Intent
		Floor Plan for Facility; Required for remodeling/renovation.
		From City Fire Department

If answered yes, a written description and/or updated documents shall be submitted with this application



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Please Return This Completed Form To:

I hereby swear and affirm, under penalty of perjury, that the foregoing information is true and correct.

I hereby agree that any false information supplied by me in this application or in support of this application shall be sufficient grounds to deny the application.

I hereby authorize the Arizona Department of Child Safety to investigate me, and agree to cooperate in good faith with the Department in allowing an authorized Department representative to visit this agency or facility at any reasonable time, announced or unannounced, to interview such staff, employees, volunteers or other personnel as may be determined necessary by the Department in conducting its licensing study/investigation.

I agree that the Department may conduct collateral interviews with any source of information regarding this applicant/agency/staff/facility in the course of the licensing study/investigation. Refusal to allow interviews with any child, employee or staff member shall be grounds to deny this application.

I further understand and agree that the burden and responsibility to supply all required information and documents rest with me, the applicant and failure or refusal to supply such information and/or documents shall be grounds to deny this application.

Applicant Name Printed (Last, First, M.I.)

Applicant Signature

Title

Date Completed:

Please Return This Completed Form To:

Electronic Mail	US Mail	Physical Office
CWL@azdcs.gov	OLR-Child Welfare Licensing P.O. Box 6030 SC C010-22 Phoenix, AZ 85005-6030	DCS-OLR Phoenix Corporate Center 3003 N. Central, Suite 108 Phoenix, AZ 85012

For DCS/OLR Use Only

Date Request Received | _____
Initials

Request Received By:

Mail In Person Email Courier



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. 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 DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.