



Applicant Statement of Understanding for Family Foster Home Licensing

By signing and submitting this form I am requesting a license or an amendment to a current license. I have read, understand, and agree to comply with all applicable laws, rules and regulations relating to operation of a home for the care of vulnerable children in the state of Arizona.

Agreements and Authorized Signature(s) ~ Read each statement carefully and sign and date.

Specifically:

I grant permission to the Department of Child Safety and the Licensing Agency to conduct investigative practices for Licensing and Certification purposes only.

I understand the complete application process includes verification of compliance with all licensing rules, including pre-service training, fingerprinting, criminal record and protective service records check (Adult Protective Services and Department of Child Safety Central Registries) of all persons 18 years old and over residing in my household, a life-safety inspection of my home, an assessment of all household members, and analysis of my financial stability, and a statement of health from my physician. For amendments, I understand the process may include any and/or all of the proceeding.

I understand that the abuse or illegal use of alcohol or prescription drugs is strictly prohibited while I am responsible for the care, supervision, or transportation of vulnerable children. I further understand that the use or possession of any quantity of marijuana, cocaine, heroin, or any drug or intoxicant deemed illegal, is strictly prohibited.

I understand that physical or corporal punishment is a prohibited form of discipline which I shall not use while providing for the care and supervision of children.

I understand that licensure or certification does not guarantee the placement of a child in my home.

I understand that the federal Inter-Ethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (Public Law 104-188) prohibits the denial of licensure on the basis of my race, color or national origin, or on the basis of the race, color or national origin of the involved child.

I attest, under penalty of perjury, that to the best of my knowledge, the information provided in this application is true and correct. I further understand that the provision of false information or the intentional misrepresentation of information on this application may result in the denial or revocation of my license.

By signing this Statement of Understanding, I also give my Licensing Agency permission to input or update my electronic foster care application. This permission will continue to the expiration or closure of my license, unless revoked by me in writing.

Quick Connect License Identification Number

Applicant 1 Name (Print or type)

Applicant 1 Signature

Date

Applicant 2 Name (Print or type)

Applicant 2 Signature

Date

Adult household member(s) residing in the applicants home

All persons over the age of 18 residing with the applicant must read and sign the statement of understanding below:

I understand that in the family I reside with, _____ is applying for a license or an amendment
Name

to a current license. I understand that because I am a person over the age of 18 residing in the home, there will be a fingerprint check, a criminal record check and a protective service record check (Adult Protective Services and Department of Child Safety Central Registries) completed on me.

Household Member No. 1

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

Household Member No. 2

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

Household Member No. 3

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

Household Member No. 4

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

Household Member No. 5

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

Household Member No. 6

Adult's Name (Print Or Type) | _____
Relationship

Signature _____
Date

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.