

**ARIZONA DEPARTMENT OF CHILD SAFETY**  
**FOSTER HOME LICENSING INITIAL/RENEWAL/REINSTATEMENT**  
*Office of Licensing and Regulation (OLR)*



Please note this checklist is not all inclusive – Each home has its own unique qualities and may require additional information.

<i>Applicant Name</i>	<i>Date of Birth</i>	<i>License ID and Request ID</i>	<b>License Request:</b>  Initial  Renewal  Reinstatement
<i>Applicant 2 Name</i>	<i>Date of Birth</i>		
<i>Adult Household Member</i>	<i>Agency</i>		
<i>Adult Household Member</i>	<i>OLR Specialist</i>		
<i>Adult Household Member</i>	<i>Date Request Received</i>		
<i>Adult Household Member</i>	<i>Date Reviewed</i>		
<i>Adult Household Member</i>	<i>Date Assigned</i>		
<i>Adult Household Member</i>			

### Admin Review Initial/Renewal

Prior Licensing Parameters		Yes	No	n/a
1	List licensing parameters in the event of Renewal Only.			
Admin Review		Initial/Renewal		
		Yes	No	n/a
1	Progress notes reviewed			
2	Kinship waiver approved			
3	Excess capacity approved			
4	Any open concerns			
5	*If yes, was approval to move forward granted by a supervisor? Was a Progress Note entered?			
6	APS/CR Clear for all Adults (Dated within 1 year of submission).			
7	CPS/CR Clear for all Adults (Dated within 1 year of submission).			
8	Life-Safety Inspection current (at time of submission) – within 6 months for initials/reinstatements, or within 3 months for renewals.			
9	Well-water test results have been uploaded to OnBase, and no concerns are present (arsenic, lead, copper, total coliform bacteria and nitrates). R21-8-111			

Admin Review Documents (Dated within 1 year of submission) (R21-6-301)					Initial/Renewal		
					Yes	No	n/a
1	Criminal History Disclosure for all adults submitted. (Must be notarized.)						
2	Physician's Statement for all adults providing care submitted.						
3	Health-Self Disclosure for all adults submitted.						
4	Applicant Statement of Understanding submitted				Date:		
5	Agency Statement of Acknowledgment submitted. (Make sure all necessary check boxes are marked).						
6	If being licensed under the age of three (3), is Safe Sleep appropriately marked on the Agency Statement of Acknowledgment form?						
7	Family Foster Home Agreement						
8	Life-Safety Inspection current (at time of submission) – within 6 months for initials/reinstatements, or within 3 months for renewals.						
9	Well-water test results have been uploaded to OnBase, and no concerns are present (arsenic, lead, copper, total coliform bacteria and nitrates). R21-8-111						
Screen 1 License Type					Initial/Renewal		
					Yes	No	n/a
1	This application is either Family Foster Home: <b>OR</b> In-Home Respite::						
Screen 2 Demographics (R21-6-301; R21-6-401; R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	Applicant(s) provided proof of U.S. Citizenship ARS 41-1080						
2	Complete names are listed - no middle initials utilized.						
Screen 3 Address/Phone (R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	Complete 10-year address history has been provided (No GAPS) (Check for correct county)						
2	Email address has been included (if applicable). (If no email address provided, up line to FHL Sup.)						
3	The applicant(s) has resided in AZ for 5 years prior to application submittal						
4	AWA completed				Date:		
5	There are no AWA concerns. If yes, this has been discussed with supervisor and progress notes have been entered.						
Screen 4 (R21-6-205; R21-6-301; R21-6-302; R21-3-309)					Initial/Renewal		
					Yes	No	n/a
1	First, Middle, Last Names are spelled correctly and match submitted documents.						
2	DOB, Gender, & Relationship are correct.						
3	AWA completed		Number of Adults:				
4	FPC Driving Restrictions						
5	All Adults providing transportation have a valid AZ driver's license						
6	Household Children are immunized						
7	Screen 4's signature date matches the Applicant Statement of Understanding						
8	Public Access search is complete for all adults and matches the Criminal History Disclosure(s)						
9	Sex Offender Registry search is complete for all adults and no matches were found						
10	*Progress Note entered to verify no concerns exist for Public Access or Sex Offender Registry checks?						
Screen 5 Employment Information (R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	Applicant(s) provided a complete 10-year employment history (No gap greater than 3 days)						
2	Is there a conflict of interest?						
Screen 6 Experience (R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	The Applicant(s) have had a License or Certification Denied, Suspended, and/or Revoked						
2	*If Yes, was approval to move forward granted by a supervisor? Was a Progress Note entered?						
3	If child(ren)/adult child(ren) are listed under experience, they are listed in screen 4.						
4	All current and past licenses, human service licenses and certifications are listed.						
5	Is dual licensure approval required? Was a Progress Note with approval entered?						
Screen 7 References (R21-6-206 & R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	5 Complete (address & phone number) references are provided						
2	No more than two (2) relatives were used as references (at least 1 is a relative)						
Screen 8 Civil Actions/ Court Records (R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	All civil actions and court records have been listed.						
2	All corresponding boxes have been checked.						
3	All items from the Criminal History Disclosure have been added.						
4	All DCS history (substantiated and unsubstantiated) has been added to Screen 8. Up line to FHL Sup when there is history, regardless of substantiation.						

Screen 9 Vehicles (R21-6-316)				Initial/Renewal		
				Yes	No	n/a
1	At least one box is marked for type of transportation (Top of screen 9)					
2	Appropriate selection is made for car-seats based on recommended age range					
3	Vehicles have current registration and insurance. (At date of submission)					

Screen 10 Income (R21-6-301)				Initial/Renewal		
				Yes	No	n/a
1	Necessary proof of income boxes have been marked and documented appropriately					

Screen 11 Expenses (R21-6-301)				Initial/Renewal		
				Yes	No	n/a
1	All necessary expenses are listed.					
2	Total monthly income – expenses is equal to or greater than zero dollars.					
3	A kinship waiver for finances has been submitted and approved (If applicable)					

Screen 12 Home/ Facility Information (R21-6-310; R21-6-311; R21-8-113)				Initial/Renewal		
				Yes	No	n/a
1	Is there a pool and/or spa at the home?					
2	Does the pool and/or spa meet(s) requirements for children 7 and under?					
3	Are there guns in the home?					
4	Guns are maintained and locked					
5	Guns are trigger locked or rendered inoperable					
6	Ammunition is stored separately from guns					
7	Dog's rabies vaccinations are current					

## Incomplete Information

Incomplete Notice				Yes	No	n/a
1	List licensing parameters in the event of Renewal Only.					

Items to Elevate.				Yes	No	n/a
1	Notes					

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# Substantive Review

Home-Study Screens				Initial/Renewal		
<b>Screen 48 – Recommendation (R21-6-206)</b>				Yes	No	n/a
1	The agency recommended licensure.					
2	Proposed Licensing Parameters:					
3	Mark all that apply:					
	Regular		Medically Complex			
	Therapeutic		Kinship			
	Respite		ERH			
	FFGH		Habilitation (ADH/CDH)			
	Tribal Home		Unaccompanied Minor Program			
4	Special Conditions and Restrictions:					
5	Providing Services For					
<b>Home Study – Screens 16-50</b>				Initial/Renewal		
<b>Screen 16 Certification/Licensing History (R21-6-408)</b>				Yes	No	n/a
1	Current Human Service Licenses have been discussed.					
2	Has the dual licensure (including daycare in foster home) form been submitted and approved?					
3	If licensed previously, agency verified applicant closed in good standings.					
4	All applicable prompts have been answered. (AIR missing prompts)					
<b>Screen 17 Motivation (R21-6-206)</b>				Initial		n/a
				Yes	No	n/a
1	Motivation is provided with agency assessment					
2	All applicable prompts have been answered. (AIR missing prompts)					
<b>Screen 18 Preferences/Child(Adult) Preferred</b>				Initial/Renewal		
				Yes	No	n/a
1	Applicant preferences are provided, with agency assessment of preferences					
2	All applicable prompts have been answered. (AIR missing prompts)					
<b>Screen 19 Marriage (R21-6-207 &amp; R21-6-405)</b>				Initial		n/a
				Yes	No	n/a
1	Motivation is provided with agency assessment					
2	Stability of relationship has been discussed					
3	All applicable prompts have been answered. (AIR missing prompts)					
<b>Screen 20 Previous Marriages &amp; Relationships (R21-6-403)</b>				Initial		n/a
				Yes	No	n/a
1	All children from previous marriages are listed in screen 4.					
2	All surnames are listed in screen 4.					
3	All applicable prompts have been answered. (AIR missing prompts)					
<b>Screen 21 Finances (R21-6-301)</b>				Initial/Renewal		
				Yes	No	n/a
1	Finances are consistent with screens 10 & 11.					
2	Agency has provided assessment of overall financial stability.					
3	All applicable prompts have been answered. (AIR missing prompts)					

Screen 22 Alternate Supervision (R21-6-206 & R21-6-307)					Initial/Renewal		
					Yes	No	n/a
1	Daily schedule is provided. (If there are no children in the home, a proposed plan has been provided.)						
2	An Alternative/ Emergency supervision plan, including who will provide care, has been listed.						
3	Statement that Applicants have an understanding of RPPS.						
4	Ratios are in compliance at all times.						
5	All applicable prompts have been answered. (AIR missing prompts)						
Screen 24 Relationship with Client's Family (R21-6-206)					Initial/Renewal		
					Yes	No	n/a
1	Assessment of willingness/participation of applicants regarding shared parenting.						
2	All applicable prompts have been answered. (AIR missing prompts)						
Screen 27 Training/Skill Building (R21-6-405)					Initial/Renewal		
					Yes	No	n/a
1	Applicant(s) participated during training, no concerns noted.						
2	All applicable prompts have been answered. (AIR missing prompts)						
Screen 28 Client Care					Initial		n/a
					Yes	No	n/a
1	The applicant's ability to provide care and skills have been discussed.						
2	All applicable prompts have been answered. (AIR missing prompts)						
Screen 29 Discipline (R21-6-308)					Initial/Renewal		
					Yes	No	n/a
1	Applicant(s) discussed one (or more) behavior management techniques used in their family of origin.						
2	Applicant(s) discussed one (or more) discipline techniques to be used with placements.						
3	Applicant(s) has a positive approach and attitude towards discipline and trauma informed care.						
4	The applicant(s) agreed to abide by positive discipline listed in R21-6-308 (Rule has to be specifically cited in Home Study).						
5	All applicable prompts have been answered. (AIR missing prompts)						
Screen 30A Applicant Background (R21-6-206; R21-6-301)					Initial		n/a
					Yes	No	n/a
1	Applicant's personality and temperament are included.						
2	Description of relationship with applicant's parents as a child and as an adult.						
3	Positive and negative childhood experiences are discussed.						
4	The applicant listed positive methods for self-care.						
5	The applicant listed how he/she copes with day-to-day stress.						
6	Information regarding experiences with loss and separation.						
7	The applicant provided details of their ability to overcome obstacles.						
8	All applicable prompts have been answered. (AIR missing prompts)						
Screen 30B Spouse's Background (R21-6-206; R21-6-301)					Initial		n/a
					Yes	No	n/a
1	Applicant's personality and temperament are included.						
2	Description of relationship with applicant's parents as a child and as an adult.						
3	Positive and negative childhood experiences are discussed.						
4	The applicant listed positive methods for self-care.						
5	The applicant listed how he/she copes with day-to-day stress.						
6	Information regarding experiences with loss and separation.						
7	The applicant provided details of their ability to overcome obstacles.						
8	All applicable prompts have been answered. (AIR missing prompts)						
Screen 31 Health (R21-6-206; R21-6-201; R21-6-403)					Initial/Renewal		
					Yes	No	n/a
1	Applicant: According to the Physician's Statement(s) and Health-Self Disclosure, there are no concerns that impact the ability to provide care to the population intended to serve.						
2	Applicant 2: According to the Physician's Statement(s) and Health-Self Disclosure, there are no concerns that impact the ability to provide care to the population intended to serve.						
3	If there is concerning information on the Health-Self Disclosure or Physician's Statement(s) there is a safety plan in place for the safe care of placements.						
4	If household member is providing routine care/supervision, the Physician's Statement(s) and Health-Self Disclosure indicate there are no concerns that impact their ability to provide care to the population they intend to serve. (If providing ONLY emergency care, no Physician's Statement is needed.)						
5	Household children are immunized and records are on file with the agency.						
6	All applicable prompts have been answered. (AIR missing prompts)						

Screen 32 – Children (R21-6-206; R21-6-302; R21-6-403)				Initial		n/a
				Yes	No	n/a
1	Each child has been described individually (including adult child(ren))					
2	The applicant provided information regarding any minor children not living in the home.					
3	Did the child(ren) indicate concern(s) regarding applicant(s). Includes adult and minor children.					
4	All applicable prompts have been answered. (AIR missing prompts)					
Screen 33 – Family & Household Relationships (R21-6-302; R21-6-411)				Initial/Renewal		
				Yes	No	n/a
1	Family interactions and relationships have been discussed. (i.e. fun activities, stressors, new household members, etc.)					
2	Information has been provided on how the family will deal with or has dealt with stressful situations.					
3	How the family demonstrates modesty has been discussed (Initials only.)					
4	Five (5) year address history has been provided for adult household member(s). (Renewals: check APS/CPS dates to verify if new household members entered the home with no amendment completed.)					
5	There are no AWA hits for adult household member(s). If yes, this has been discussed with supervisor and progress notes have been entered.					
6	All applicable prompts have been answered. (AIR missing prompts)					
Screen 34 – Religion (R21-6-305; R21-6-312; R21-6-318)				Initial		n/a
				Yes	No	n/a
1	Applicant(s) religious beliefs will not interfere with safe care of child(ren) placed in the home					
2	All applicable prompts have been answered. (AIR missing prompts)					
Screen 35 - Neighborhood				Initial		n/a
				Yes	No	n/a
1	Major characteristics of neighborhood have been included.					
2	All applicable prompts have been answered. (AIR missing prompts)					
Screen 36 – Home (R21-6-209; R21-6-310; R21-6-311; R21-6-328)				Initial/Renewal		
				Yes	No	n/a
1	There are enough beds for all placements and family members.					
2	Sleeping arrangements for placements are age and gender appropriate.					
3	Information regarding potential risks and meets requirements. (Ex. Weapons, pools, etc.)					
4	There is an emergency disaster plan for the household.					
5	Supplemental LSI's are complete. (2 per licensing period) – RENEWAL ONLY					
6	All applicable prompts have been answered. (AIR missing prompts)					
7	OLR Life-Safety Inspection results are discussed; if applicable - including agency/OLR follow-ups.					
Screen 38 – Transportation (R21-6-209; R21-6-316)				Initial/Renewal		
				Yes	No	n/a
1	There are enough seat belts to accommodate the entire family including placements.					
2	Applicant(s) provided an alternative transportation plan. (if no vehicle or not enough seat belts)					
3	Age-appropriate transportation arrangements (no children under 9 in front seat)					
4	Is there a transportation plan in place for FPC Driving Restrictions?					
5	All applicable prompts have been answered. (AIR missing prompts)					
Screen 39 – References (R21-6-206; R21-6-403)				Initial/Renewal		
				Yes	No	n/a
1	Agency received at least five (5) references in written format.					
2	Agency received at least one (1) reference through personal contact. (Phone or face to face contact)					
3	No more than 2 relatives were used as references (at least 1 relative)					
4	If Married, Two (2) References are provided that know the applicants as a Couple					
5	All applicable prompts have been answered. (AIR missing prompts)					
Screen 40 – Fingerprinting/Criminal History (R21-6-206; R21-6-201; R21-6-302; R21-6-203)				Initial/Renewal		
				Yes	No	n/a
1	Did the applicant(s) provide corroborating history for any arrests found during the public access check?					
2	Applicant(s) arrest history does not impact their ability to provide care.					
3	If fingerprint card was denied, was good cause exception explained (Initials only.)					
4	All applicable prompts have been answered. (AIR missing prompts)					
Screen 41 – CPS/APS Record Checking (R21-6-406)				Initial		n/a
				Yes	No	n/a
1	All CPS & APS History has been disclosed and addressed.					
2	All applicable prompts have been answered. (AIR missing prompts)					
Screen 42 - Court Action				Renewal		n/a
				Yes	No	n/a
1	Were there new court action(s) during the last licensing period?					
2	All applicable prompts have been answered. (AIR missing prompts)					

Screen 43 – Licensing Inquiries/Unusual Incidents (R21-6-220)				Renewal		n/a
				Yes	No	n/a
1	All licensing inquiries have been addressed.					
2	All applicable prompts have been answered. (AIR missing prompts)					
Screen 45 – Contacts (R21-6-206)				Initial/Renewal		
				Yes	No	n/a
1	Interviews have been conducted, in the home, One occasion with each applicant, individual; and One occasion with applicants jointly, if married. (Initials)					
2	Quarterly visits have been conducted. VPR if not (Follow VPR SW) (Renewal)					
3	Unannounced visits have been completed during the last licensing period. VPR if not (Follow VPR SW) (Renewal)					
Screen 47 - Agreements				Initial/Renewal		
				Yes	No	n/a
1	Applicant(s) signed all necessary documents and agree to abide by Title 21; Chapter 6. Including Family Foster Home Agreement and Applicant Statement of Understanding.					
2	If home is licensed for under 3 (three) years old, ensure Safe Sleep has been discussed and signed.					
3	*** Application Status has been checked for previous license effective date and the date is:	Date:				
OLR Licensing Recommendations				Yes	No	n/a
1	OLR Recommendations					
2	Special Conditions and Restrictions					
3	Agree with agency recommendation	Override Needed by OLR				
	<a href="#">Denied</a>	<a href="#">Provisional Lic. Issued</a>				

OLR Licensing Recommendations ~ continued				Yes	No	n/a
1	Additional Information					
2	Survey Monkey Completed Date		Date:			
3	AIR Received Date		Date:			
4	Agree with agency recommendation		Override Needed by OLR			
	<a href="#">Denied</a>		<a href="#">Provisional Lic. Issued</a>			
<b>Items to Elevate.</b>				<b>Yes</b>	<b>No</b>	<b>n/a</b>
1	Notes					



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