



Group Home/Shelter Initial Licensing Application

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

Residential Group Home Residential Shelter Care

Instructions

Applicant Full Legal Name: (Last, First, Middle) Title Application Date
Other Names Used: (Birth name, prior married names, legal changes of name, etc.) Agency Name
Agency Physical Address City State Zip
Agency Mailing Address City State Zip
Agency Phone Agency Tax ID No. Email Address

Agency is for: Profit Non-profit Non-profit they must attach the following documentation:
1. Certified by the U.S. Internal Revenue Service (IRS)
2. Copy of the IRS certification as a not for profit

Licensing Preferences:

Female Male Both Age Range

List All Facility Locations

Facility Name Phone No. Email
Location Physical Address City State Zip
Does any staff use this as their Primary Residence? Yes No
Facility Name Phone No. Email
Location Physical Address City State Zip
Does any staff use this as their Primary Residence? Yes No
Facility Name Phone No. Email
Location Physical Address City State Zip
Does any staff use this as their Primary Residence? Yes No

Additional Facility Locations can be disclosed by attaching a complete data listing on a separate sheet.

Child Welfare Agency Licensing Initial Application

Administrators

Each individual must submit the required documents for each of their specific roles held within the agency.

- Resume Attached
- Employment Application (if applicable)
- Background Check Authorization (CSO-1637)
- Arizona Level 1 Fingerprint Clearance Card
- Credentials Attached
- Criminal History Self-Disclosure Affidavit (DCS-1078)

Owner Name	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Owner Name	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Applicant Name	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Child Welfare Agency Licensing Initial Application

CEO		Business Address	
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Acting CEO		Business Address	
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Program Director		Business Address	
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Child Welfare Agency Licensing Initial Application

Supervisor	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Supervisor	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Other	Business Address		
Phone		Yes	No
Has this person 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? ¹			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? ¹			
Has this person been a party to Litigation within the past 10 years? ²			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

Additional Administrators can be disclosed by listing, with complete data, via additional paper.

(1) If answered yes, a written description shall be submitted on a separate sheet with this application.

(2) 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.

Child Welfare Agency Licensing Initial Application

Governing Body

Each member must submit the required documents:

- Background Check Authorization (CSO-1637)
- Arizona Level 1 Fingerprint Clearance Card
- Criminal History Self-Disclosure Affidavit (DCS-1078)

Name	Address	Phone	Position in the Agency	Terms Membership	Relationship to the Applicant/ Owner	Licensing History, has this person ever applied to be certified or has been licensed in any state to provide care to a child or to a vulnerable adult. ¹	
						Yes	No

(1) If answered yes or more space is required, a written description shall be submitted on a separate sheet with this application.

Child Welfare Agency Licensing Initial Application

Adults Residing with Staff in Facility

Each adult must submit the required documents:

- Background Check Authorization (CSO-1637)
- Arizona Level 1 Fingerprint Clearance Card
- Criminal History Self-Disclosure Affidavit (DCS-1078)

Name of Adult	DOB	Name of Staff

Children Residing with Staff in Facility

Evidence of immunization records must be submitted with this application, maintained in staff's personnel file, and be available to OLR upon request.

Name of Child	DOB	Name of Staff	Relationship to Staff

If additional space is required please attach complete information on a separate sheet.

Child Welfare Agency Licensing Initial Application

Acknowledgment and Agreement

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 Printed Name | _____
Applicant Title

Applicant Signature | _____
Date

Please return this form and attach completed Demonstration of Need (CSO-1868) with all required documents.

E Mail	U.S. Mail	Physical Office
CWL@azdcs.gov	OLR – CWL P.O. Box 6030, SC C010-22 Phoenix, AZ 85005-6030	Phoenix Corporate Center 3003 N. Central, Suite 108 Phoenix, AZ 85012

If no acknowledgement of receipt is received, please contact OLR at 602-255-2801 or CWL@azdcs.gov

For OLR Use Only

Date Request Received | _____
Specialist Name | _____
Request Received By | _____
Mail | Email | In Person | Courier

OLR Specialist's 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.