



# Child Placing Agency Initial Licensing Application

## 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

_____	_____	_____
<i>Facility Name</i>	<i>Phone No.</i>	<i>Email</i>
_____	_____	_____   _____
<i>Location Physical Address</i>	<i>City</i>	<i>State</i>   <i>Zip</i>
_____	_____	_____
<i>Facility Name</i>	<i>Phone No.</i>	<i>Email</i>
_____	_____	_____   _____
<i>Location Physical Address</i>	<i>City</i>	<i>State</i>   <i>Zip</i>
_____	_____	_____
<i>Facility Name</i>	<i>Phone No.</i>	<i>Email</i>
_____	_____	_____   _____
<i>Location Physical Address</i>	<i>City</i>	<i>State</i>   <i>Zip</i>
_____	_____	_____
<i>Facility Name</i>	<i>Phone No.</i>	<i>Email</i>
_____	_____	_____   _____
<i>Location Physical Address</i>	<i>City</i>	<i>State</i>   <i>Zip</i>

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

# Child Placing 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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

# Child Placing 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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
Has this person operated a child welfare agency in the past 10 years?			
<i>List current licenses or certifications held</i>			

# Child Placing 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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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? <sup>1</sup>			
Has this person had allegations of abuse or neglect of a child or vulnerable adult? <sup>1</sup>			
Has this person been a party to Litigation within the past 10 years? <sup>2</sup>			
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 Placing 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
<a href="mailto:CWL@azdcs.gov">CWL@azdcs.gov</a>	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](mailto: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.