

# Agency Statement Of Acknowledgment For Family Foster Home



By submitting this application, we acknowledge that all the documentation supporting the information provided by the applicant(s) to OLR as part of the application process, has been reviewed, and has been found to be current and accurate. We further agree to make said documentation available to OLR immediately upon request for verification purposes. (Please refer to Arizona Administrative Code (A.A.C.) - Title 21 - Chapter 6 - Article 2 – “Licensing Agency Requirements for Foster Home Licensing Agencies” - Section 205.C.)

## The supporting current documentation we have verified and on file for the applicant include:

- |  |  |
|--|--|
| Proof of Income                              | Training Documentation   |
| Proof of Lawful Presence                     | Notice of Inspection Rights/Supplements  |
| Evidence of Fingerprinting                   | Valid First Aid/CPR Certification  |
| References                                   | Current Children’s Immunization Records (if applicable)  |
| Valid Driver’s License(s) (if applicable)    | Documentation (Divorce Decree, Marriage License/Certificate, Death Certification, Child Support Documentation, etc.) |
| Current Vehicle Insurance (if applicable)    | Safe Sleep Agreement (if applicable)   |
| Current Vehicle Registration (if applicable) | Other:   |
| Naloxone Training (if applicable)            |  |

\_\_\_\_\_  
*Name of Applicant (Please Print)*

\_\_\_\_\_  
*Licensing Agency Specialist Name (Please Print)*

\_\_\_\_\_  
*QCID*

\_\_\_\_\_  
*Licensing Agency Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Licensing Agency Supervisor 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.