Child Welfare Licensing Renewal Application



If requested information or supporting documentation is not available, a written explanation must be included.

Check the Type of	Child Welfare Age	ncy License You Are A	pplying For		
Residential Group	Home	Residential Shelter Care			
Instructions					
Applicant Full Legal Name: (La. Other Names Used: (Birth name		Title		Application	n Date
Agency Physical Address	,1			City	$\left \frac{1}{State} \right \frac{1}{Zip}$
Agency Mailing Address Agency Phone	Agency Tax ID No.	Email Address		City	State Zip
Agency is for:	Profit Non-prof	1. Certified by the	nust attach the follov e U.S. Internal Revenue S certification as a not	e Service (IRS)	on:

Administrators

Title	Name	Has This Changed D Last Licens	uring The sing Year	Phone	Email Address
		Yes	No		
CEO					
	Physical Address (Number	r, Street, City,	State, Zip)		
Acting CEO					
	Physical Address (Number	r, Street, City,	State, Zip)		
Program Director					
	Physical Address (Number	r, Street, City,	State, Zip)		
Medical Director (if applicable)					
, ,,,,	Physical Address (Number	r, Street, City,	State, Zip)		
Other:					
	Physical Address (Number	r, Street, City,	State, Zip)		

If there are additional corporate officers/members please list in Corporate Officers Exhibit or Agency Roster.

List All Facility Locations (Including Administrative Offices)

Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed		Supply Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	ent license	s or certification	s held					
Hardel Bridge Bridge						-luka		Yes	No
Has this person applied for a license of Has this person had a license, applica							denied or		
revoked?¹		f l.:l.d .	کیل باد در دادا در دراند دراند)1					
Has this person had allegations of abu Has this person been a party to Litiga				•					
Has this person operated a child welf	are agency	in the past	io years?						
Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed	Water Supply Analysis Completed		Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	list curre	nt license	s or certification	s hold					
racinty Manager/Supervisor	LIST CUITE	int incerise	s or certification	s ileiu					
								Yes	No
Has this person applied for a license of Has this person had a license, application							denied or		
revoked? ¹) 1					
Has this person had allegations of abu Has this person been a party to Litiga				· ·					
Has this person operated a child welf									
rias tilis person operated a ciliid well			io years:						
Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed		Supply Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	nt license	s or certification	s held					
Tacility Manager/Supervisor	LISC CUITO	ine neerise.	3 of certification	3 Held					
								Yes	No
Has this person applied for a license of Has this person had a license, application							denied or		
revoked?¹									
Has this person had allegations of abu				<u> </u>					
Has this person been a party to Litiga									
Has this person operated a child welf	are agency i	in the past 1	iu years?						

List All Facility Locations (Including Administrative Offices)

Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed		Supply Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	ent license	s or certification	s held					
Hardel Bridge Bridge						-luka		Yes	No
Has this person applied for a license of Has this person had a license, applica							denied or		
revoked?¹		f l.:l.d .	کیل باد در دادا در دراند دراند)1					
Has this person had allegations of abu Has this person been a party to Litiga				· ·					
Has this person operated a child welf	are agency	in the past	io years?						
Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed	Water Supply Analysis Completed		Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	list curre	nt license	s or certification	s hold					
racinty Manager/Supervisor	LIST CUITE	int incerise	s or certification	s ileiu					
								Yes	No
Has this person applied for a license of Has this person had a license, application							denied or		
revoked? ¹) 1					
Has this person had allegations of abu Has this person been a party to Litiga				· ·					
Has this person operated a child welf									
rias tilis person operated a ciliid well			io years:						
Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed		Supply Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	nt license	s or certification	s held					
Tacility Manager/Supervisor	LISC CUITO	ine neerise.	3 of certification	3 Held					
								Yes	No
Has this person applied for a license of Has this person had a license, application							denied or		
revoked?¹									
Has this person had allegations of abu				<u> </u>					
Has this person been a party to Litiga									
Has this person operated a child welf	are agency i	in the past 1	iu years?						

List All Facility Locations (Including Administrative Offices)

Facility Name		ff Use As esidence?*	Fire Inspection Completed		uipment Completed		Supply Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
	list summe		tifiti	- h - l - l					
Facility Manager/Supervisor	List curre	ent licenses	s or certification	s neia					
								Yes	No
Has this person applied for a license c	r certificati	ion in any sta	ate to provide care	to a child or	vulnerable a	dult?		100	
Has this person had a license, application	tion, or cert	ification in a	any state to provide	e care to a ch	ild or vulner	able adult (denied or		
Has this person had allegations of abu	se or negled	ct of a child o	or vulnerable adult?) 1					
Has this person been a party to Litiga	tion within	the past 10	years?²						
Has this person operated a child welf	are agency	in the past 1	10 years?						
	Any Sta	ff Use As	Fire Inspection	Gas For	uipment	Wator	Supply		
Facility Name		esidence?*	Completed		Completed		Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	ent license	s or certification	s held					
								Yes	No
Has this person applied for a license c									
Has this person had a license, application revoked? ¹	tion, or cert	ification in a	any state to provide	e care to a ch	ild or vulner	able adult (denied or		
Has this person had allegations of abu	se or negled	t of a child o	or vulnerable adult?)1					
Has this person been a party to Litiga	tion within	the past 10	years?²						
Has this person operated a child welf	are agency	in the past 1	10 years?						
	Any Sta	ff Use As	Fire Inspection	Gas Equ	uipment	Water	Supply		
Facility Name		esidence?*	Completed		Completed		Completed	Pho	ne
	Yes	No	Yes	Yes	N/A	Yes	N/A		
DI : IAII									
Physical Address (Number, Street, City, State, Zip)									
Facility Manager/Supervisor	List curre	ent license	s or certification	s held					
								Yes	No
Has this person applied for a license c									
Has this person had a license, application revoked? ¹					ild or vulner	able adult (denied or		
Has this person had allegations of abu	se or negled	ct of a child	or vulnerable adult?	21					
Has this person been a party to Litiga	tion within	the past 10	years?²						
Has this person operated a child welf	are agency	in the past 1	10 years?						

Administrators

Owner Name	Business Address		
Di			
Phone		Yes	No
Has this person applie	d for a license or certification in any state to provide care to a child or vulnerable adult?		
Has this person had a ladult denied or revoke	icense, application, or certification in any state to provide care to a child or vulnerable d?¹		
Has this person had all	egations 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 operat	ed a child welfare agency in the past 10 years?		
List current licenses	or certifications held		

Owner Name	Business Address		
Phone		Yes	No
Has this person applied for a			
Has this person had a license adult denied or revoked? ¹	, application, or certification in any state to provide care to a child or vulnerable		
Has this person had allegatio	ns 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 c	hild welfare agency in the past 10 years?		
List current licenses or ce	ertifications held		

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 adult denied or revoked?1	, application, or certification in any state to provide care to a child or vulnerable		
Has this person had allegation	ns 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 c	hild welfare agency in the past 10 years?		
List current licenses or ce	rtifications held		

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 adult denied or revoked?1	, application, or certification in any state to provide care to a child or vulnerable		
Has this person had allegation	ns 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 c	nild welfare agency in the past 10 years?		
List current licenses or ce	rtifications held		

Acting CEO	Business Address		
Phone		Yes	No
Has this person applie	d for a license or certification in any state to provide care to a child or vulnerable adult?		
Has this person had a adult denied or revoke	license, application, or certification in any state to provide care to a child or vulnerable ed? ¹		
Has this person had all	egations 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 opera	ted a child welfare agency in the past 10 years?		
List current licenses	or certifications held		

Program Director	Business Address		
Phone		Yes	No
Has this person applied f	or a license or certification in any state to provide care to a child or vulnerable adult?		
Has this person had a lice adult denied or revoked?	ense, application, or certification in any state to provide care to a child or vulnerable		
Has this person had alleg	ations of abuse or neglect of a child or vulnerable adult?¹		
Has this person been a p	arty to Litigation within the past 10 years?²		
Has this person operated	a child welfare agency in the past 10 years?		
List current licenses o	r certifications held		

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, adult denied or revoked? ¹	application, or certification in any state to provide care to a child or vulnerable		
Has this person had allegation	s 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 ch	nild welfare agency in the past 10 years?		
List current licenses or ce	rtifications held		

- 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.

Governing Body

Name	Relationship to the Applicant/Owner		
Physical Address			
(Number, Street, City, State, Zip)			
Phone		Yes	No
Has This Person Changed During The Last Licensing Year			
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, a denied or revoked? ¹	oplication, or certification in any state to provide care to a child or vulnerable adult		
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?			
List current licenses or certi	fications held		

Name	Relationship to the Applicant/Owner		
Physical Address			
(Number, Street, City, State, Zip)			
Phone		Yes	No
Has This Person Changed Durin	g The Last Licensing Year		
Has this person applied for a lic	ense or certification in any state to provide care to a child or vulnerable adult?		
Has this person had a license, a denied or revoked?1	oplication, or certification in any state to provide care to a child or vulnerable adult		
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?			
List current licenses or certi	fications held		

Governing Body

Name	D-1-1:			
Name	Relationship to the Applicant/Owner			
DI LIAII				
Physical Address (Number, Street, City, State, Zip)				
Phone		Yes	No	
Has This Person Changed During	a The Lest Licensina Veer			
	ense or certification in any state to provide care to a child or vulnerable adult?			
	oplication, or certification in any state to provide care to a child or vulnerable adult:			
denied or revoked? ¹	oplication, or certification in any state to provide care to a child or vulnerable adult			
	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?			
List current licenses or certi				
Elst current neerises or certi	Treations from			
Name	Relationship to the Applicant/Owner			
Physical Address				
(Number, Street, City, State, Zip) Phone				
Thone		Yes	No	
Has This Person Changed During	·			
Has this person applied for a lic	ense or certification in any state to provide care to a child or vulnerable adult?			
	oplication, or certification in any state to provide care to a child or vulnerable adult			
denied or revoked?1	of abuse or neglect of a child or vulnerable adult?¹			
	<u> </u>			
	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?				
List current licenses or certi	fications held			
Name	Relationship to the Applicant/Owner			
Physical Address				
(Number, Street, City, State, Zip)				
Phone		Yes	No	
Has This Person Changed Durin	g The Last Licensing Year			
Has this person applied for a lice	ense 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?				
List current licenses or certi	fications held			

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 Name Printed (Last, First, M.I.)	
Applicant Signature	Date Completed:
Title	

Please Return This Completed Form To:

Electronic Mail	US Mail	Physical Office
	OLR-Child Welfare Licensing	DCS-OLR Phoenix Corporate Center
CWL@azdcs.gov	P.O. Box 6030 SC C010-22	3003 N. Central, Suite 108
	Phoenix, AZ 85005-6030	Phoenix, AZ 85012

For DCS/OLR Use Only				
Date Request Received	Initials			
Request Received By: Mail 1	: In Person	Email	Courier	

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.