

**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 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

**Administrators**

Title	Name	Has This Person Changed During The Last Licensing Year		Phone	Email Address
		Yes	No		
CEO					
	Physical Address (Number, Street, City, State, Zip)				
Acting CEO					
	Physical Address (Number, Street, City, State, Zip)				
Program Director					
	Physical Address (Number, Street, City, State, Zip)				
Medical Director (if applicable)					
	Physical Address (Number, Street, City, State, Zip)				
Other:					
	Physical Address (Number, Street, City, State, Zip)				

If there are additional corporate officers/members please list in [Corporate Officers Exhibit or Agency Roster](#).

## Child Welfare Licensing Renewal Application

### List All Facility Locations (Including Administrative Offices)

Facility Name	Any Staff Use As Primary Residence?*		Fire Inspection Completed	Gas Equipment Inspection Completed		Water Supply Analysis Completed		Phone
	Yes	No	Yes	Yes	N/A	Yes	N/A	
Physical Address (Number, Street, City, State, Zip)								

Facility Manager/Supervisor	List current licenses or certifications held	
	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?		

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## Child Welfare Licensing Renewal Application

### Administrators

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>			
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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?			
List current licenses or certifications held			

Owner Name	Business Address		
Phone		Yes	No
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Has this person operated a child welfare agency in the past 10 years?			
List current licenses or certifications held			

Applicant Name	Business Address		
Phone		Yes	No
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Has this person operated a child welfare agency in the past 10 years?			
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CEO		Business Address	
Phone		Yes	No
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Has this person operated a child welfare agency in the past 10 years?			
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Acting CEO		Business Address	
Phone		Yes	No
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Program Director		Business Address	
Phone		Yes	No
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Other		Business Address	
Phone		Yes	No
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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			
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## Child Welfare Licensing Renewal 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 Name Printed (Last, First, M.I.)*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date Completed:*

\_\_\_\_\_  
*Title*

### Please Return This Completed Form To:

Electronic Mail	US Mail	Physical Office
<a href="mailto:CWL@azdcs.gov">CWL@azdcs.gov</a>	OLR-Child Welfare Licensing P.O. Box 6030 SC C010-22 Phoenix, AZ 85005-6030	DCS-OLR Phoenix Corporate Center 3003 N. Central, Suite 108 Phoenix, AZ 85012

#### *For DCS/OLR Use Only*

\_\_\_\_\_  
*Date Request Received*

\_\_\_\_\_  
*Initials*

#### **Request Received By:**

**Mail**

**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.