

# Child Welfare Licensing Amendment Application

(For Residential Group Care Licensed Under AAC Title 21, Chapter 7)



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

Applicant Full Legal Name: (Last, First, Middle)

Title

License Expiration Date:

Agency Name

Agency Physical Address:

Agency Physical Address

City

State

Zip

Agency Mailing Address:

(If different from physical address)

Agency Mailing Address

City

State

Zip

Agency Phone:

Agency E-Mail Address

Federal Tax Id Number

Requested Effective Date of Change

Agency Is For Profit

Agency Is For Non-Profit

## Amendment Type (Select All That Apply):

Increase Age

Decrease Age

Gender

Major Remodeling / New Construction

Other:

Increase Capacity

Change of Agency Name

Change of Facility Name

Decrease Capacity

Change of Service Type (GH/SH)

## Detail Justification for Amendment Request

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## List Facility Locations Requesting to be Amended

Facility Name	Physical Address (Number, Street, City, State, Zip)	Phone Number	Are you requesting a change to the operating certificate as detailed above?	
			Yes	No

## List Additional New Satellite Facility Locations ~ *Only fill out for new facilities*

Facility Name	Physical Address (Number, Street, City, State, Zip)	Phone Number	Any Staff Use As Primary Residence?	
			Yes	No

## Additional Requirements

Attach all documents detailed below with your Amendment Application.  
Missing documentation shall result in an incomplete notification and may delay your application.

Attached	N/A	
		Letter of intent (Only for new facilities)
		Floor Plan for facility (for remodeling/new facility)
		Zoning authorization (Only for new facilities)
		Fire Inspection (Fire inspection report completed by the state fire marshal or a local fire department)
		Certification of Insurance
		Evidence of Financial Stability (Only for new facilities)
		Facility Staffing Schedule (Only for new facilities)
		Agency Roster (Form CS0-1636) detailing paid staff assigned to the proposed facility
		Gas Inspections (Only for new facilities)
		Occupancy Certificate
		Written water analysis report including for Arsenic, Copper, Nitrates, and Total Coliform Bacteria (if facility is on a non-municipal water source including private well or another source of water)
		Updated forms, notices, documentation

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## Adults Residing with Staff in Facility

N/A

Name	Name of Staff	Relationship to Staff	Facility Location

## Children Residing with Staff in Facility

N/A

Name	Name of Staff	Relationship to Staff	Facility Location

# Child Welfare Licensing Amendment 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*

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

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

## Please Return This Completed Form To:

Electronic Mail	US Mail	Physical Office
CWL@azdcs.gov	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.