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| CSO-1341A (2-17) |
| ARIZONA DEPARTMENT OF CHILD SAFETY |
| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** |

Complete all blank spaces and provide all information as requested. (If not applicable please enter N/A) Also enclose all attachments and supplemental materials as requested throughout this application. Please provide all requested items and information when you submit your application for renewal. Any missing items or information could cause a delay in the timely processing of your application.

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| **BACKGROUND INFORMATION** | | | | | | | | | | | | | | | | | | | |
| I |  | | | | | | | | | | | | (Title) |  | | | | | , |
|  | *(Name, please type or print)* | | | | | | | | | | | |  |  | | | |  | |
| hereby make application to operate a Child Welfare Agency to provide services in the State of Arizona. | | | | | | | | | | | | | | | | | | | |
| Identification & Background Information [R6-5-7411(D) (4) (a)] | | | | | | | | | | | | | | | | | | | |
| AGENCY NAME: | | | | | | | | | | | | FEDERAL TAX I.D. #: | | | | | | | |
| AGENCY ADDRESS (Main Office): | | | | | | | | | | | | | | | | | | | |
| AGENCY TELEPHONE NUMBER: | | | | | | | | | | | FAX NUMBER: | | | | E-MAIL ADDRESS: | | | | |
| LICENSE EXPIRATION DATE: | | | | | | | | | | | | APPLICATION SUBMISSION DATE: | | | | | | | |
| **ORGANIZATION** | | | | | | | | | | | | | | | | | | | |
| Agency is for: | | | | | | Profit | | | Non-Profit | | | | | | | | | | |
|  | | Agency’s Governing Body [R6-5-7411(D) (4) (d)] *Attach a separate form or use Exhibit I* | | | | | | | | | | | | | | | | | |
|  | | Agency’s Corporate Members [R6-5-711(D) (4) (b,c,e)] Attach a separate form or use Exhibit II | | | | | | | | | | | | | | | | | |
|  | | Please provide an organizational chart for the agency and each separate facility showing administrative structure, staffing and lines of authority. [R6-5-7411(D) (5)] | | | | | | | | | | | | | | | | | |
|  | | Paid Staff [R6-5-7411(D) (6) (a)] Attach a separate form or use Exhibit III | | | | | | | | | | | | | | | | | |
| YES  NO | | | | | | Does any of the above staff use the facility as their primary residence? If YES, please fill out Exhibit IV. | | | | | | | | | | | | | |
| SATELLITE FACILITIES *(If Applicable)* | | | | | | | | | | | | | | | | | | | |
| YES  NO | | | | | | Does your agency have a satellite facility(s)? If YES, please fill out Exhibit V and provide the following: | | | | | | | | | | | | | |
|  | | | |  | | Please provide Fire Safety Inspection Report for each facility. [R6-5-7411(A)] | | | | | | | | | | | | | |
|  | | | |  | | Please provide copy of the Life & Safety Inspection report for each facility. (\*\*Scheduled by OLR)  [R6-5-7411(A)] | | | | | | | | | | | | | |
|  | | | |  | | Submitted | | N/A | | If applicable, please submit a gas equipment inspection report. [R6-5-7465(D)(1)] | | | | | | | | | |
|  | | | |  | | Submitted | | N/A | | If applicable, please submit any water supply analysis report. (*If the facility’s water is from any source other than an approved public water supply*) [R6-5-7458(D)] | | | | | | | | | |
| **PROGRAM INFORMATION – *SUBMIT THE FOLLOWING*** | | | | | | | | | | | | | | | | | | | |
|  | | | A written annual evaluation as to whether the agency is achieving its goals and objectives described in  R6-5-7405(A) (5) (c) (i). *[R6-5-7423(D)]* | | | | | | | | | | | | | | | | |
|  | | | A certificate of current insurance coverage as prescribed in R6-5-7426 | | | | | | | | | | | | | | | | |
|  | | | Current financial statement prepared by an independent CPA who is not employed by the agency.  *[R6-5-7411(D)(1)]* | | | | | | | | | | | | | | | | |
|  | | | Copy of the agency’s current budget and the agency’s audit report for its preceding fiscal year  *(As prescribed in R6-5-7425-D)*. *[R6-5-7411(D) (3)]* | | | | | | | | | | | | | | | | |
|  | | | Copies of the minutes of **last** quarterly meetings of the agency’s Governing Body. *[R6-5-7424(B)(5)]* | | | | | | | | | | | | | | | | |
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| ARIZONA DEPARTMENT OF CHILD SAFETY | | | | | | | | | | | | | | | | | | | |
| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** | | | | | | | | | | | | | | | | | | | |
| **AGENCY UPDATES** | | | | | | | | | | | | | | | | | | | |
| Please submit the following items **ONLY** if they have changed and/are applicable since the agency’s last renewal: | | | | | | | | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Written Internal Policies & Procedures, and Operations Manual | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Building occupancy certificates | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Samples of all documents, forms and notices utilized by the agency. | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Any advertising informational, or promotional materials. | | | | | | | | | | | | |
| Submitted | | | | | N/A | | A recent resume, employment application, or curriculum vitae for each individual named under **Agency’s Corporate Members**. | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Business organization documents (i.e., Articles of Incorporation, Certificates of Good Standing, etc) | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Floor plan for each facility. | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Written description of any proceedings for denial suspension or revocation of a license or certificate for provision of medical, psychological, behavioral health or social services, pending or filed against applicant or those listed under Agency’s Corporate Members. [R6-5-7411(D)(4)(f)] | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Written description of any litigation in which applicant or those listed under Agency’s Corporate Members have been a party during the 10 years preceding the date of application, including – without limitation – collection matters and bankruptcy proceedings. [R6-5-7411(D)(4)(g)] | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Organizational chart for the agency and each separate facility showing administrative structure, staffing and lines of authority. [R6-5-7411(D)(5)] | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Written complaints the agency has received about this performance at its facilities during the expiring license year and the agency’s response to the complaints. [R6-5-7411(D)(7)] | | | | | | | | | | | | |
| Submitted | | | | | N/A | | Written description of any changes in program services or locations, or the children served by the agency. [R6-5-7411(D)(8)] | | | | | | | | | | | | |
| *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 this application.*  *I hereby authorize the Arizona Department of Child Safety to investigate this applicant, 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/facility in the course of the licensing investigations/study, and that refusal by this applicant/agency/facility 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 the applicant and failure or refusal to supply such information and/or documents shall be grounds to deny this application.* | | | | | | | | | | | | | | | | | | | |
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| APPLICANT’S NAME (PRINT) | | | | | | | | | | | | | | | |  | DATE | | |
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| APPLICANT’S TITLE (PRINT) | | | | | | | | | | | | | | | |  |  | | |
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| APPLICANT’S SIGNATURE | | | | | | | | | | | | | | | |  |  | | |

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| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** | | | |
| **EXHIBIT I** | **AGENCY GOVERNING BODY** | DATE: |  | |
|  |  |  |  | |

| **NAME** | **ADDRESS** | **POSITION IN AGENCY** | **TERM OF MEMBERSHIP** | **RELATIONSHIP TO APPLICANT** |
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| **EXHIBIT II** | **AGENCY’S CORPORATE MEMBERS** | DATE: |  | |
|  |  |  |  | |

|  | **CEO** | **PROGRAM DIRECTOR** | **ACTING CEO** | **FACILITY MANAGER/SUPERVISOR** | **PERSONS WITH AT LEAST 10% OWNERSHIP** | **MEDICAL DIRECTORS** |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |  |
| Designated Title |  |  |  |  |  |  |
| Business Address |  |  |  |  |  |  |
| Telephone Number |  |  |  |  |  |  |
| Fax Number |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |
| Educational Qualifications |  |  |  |  |  |  |
| Work History |  |  |  |  |  |  |
| License/Certificates Held |  |  |  |  |  |  |

*\*Agencies with more than one facility enter each facility’s manager’s/supervisor’s information on a separate sheet or Exhibit VI.*

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| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** | | | |
| **EXHIBIT III** | **PAID STAFF ROSTER** | DATE: |  | |
|  |  |  |  | |

| **NAME** | **POSITION/TITLE** | **DEGREE, CERT OR LICENSES HELD** | **BUSINESS ADDRESS** | **DATE OF HIRE** | **DATE OF LAST PHYSICAL** | **DATE FINGERPRINT/BACKGROUND INFORMATION SUBMITTED** |
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| **EXHIBIT IV** | **PRIMARY RESIDENCE FOR STAFF** | | DATE: |  | |
|  | *(Fill out one for each facility with live in staff)* | |  |  | |
| FACILITY NAME: | | | | | |
| STAFF NAME: | | DATE OF BIRTH: | | | |
| STAFF NAME: | | DATE OF BIRTH: | | | |
| Do any adults or children reside with the above mentioned staff? If yes, please provide the following: [R6-5-7411(D)(6)(b)] | | | | | |

| **NAME** | **DATE OF BIRTH** | **SUBMISSION OF FINGERPRINT AND CRIMINAL BACKGROUND CLEARANCE INFORMATION *(ADULT)*** | **DATE OF LAST PHYSICAL *(ADULT)***  *\*Hard copy of physical exam on file\** | **IMMUNIZATION RECORD(S) *(CHILDREN)*** |
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| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** | | | |
| **EXHIBIT V** | **SATELLITE FACILITIES** | DATE: |  | |
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| **FACILITY NAME** | **ADDRESS** | **CITY** | **ZIP CODE** | **FACILITY PHONE NUMBER** | **FACILITY FAX NUMBER** |
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| **RENEWAL APPLICATION FOR A CHILD WELFARE AGENCY OPERATING RESIDENTIAL GROUP**  **OR OUTDOOR EXPERIENCE PROGRAMS** | | | | | | | | |
| **EXHIBIT VI** | | **FACILITY MANAGER/SUPERVISOR ADDITIONAL INFORMATION** | | | | DATE: | |  |
|  | |  | | | |  | |  |
|  | **FACILITY NAME:** | | **FACILITY NAME:** | **FACILITY NAME:** | **FACILITY NAME:** | | **FACILITY NAME:** | |
| Name of Manager/Supervisor |  | |  |  |  | |  | |
| Designated Title |  | |  |  |  | |  | |
| Business Address |  | |  |  |  | |  | |
| Telephone Number |  | |  |  |  | |  | |
| Fax Number |  | |  |  |  | |  | |
| Email Address |  | |  |  |  | |  | |
| Educational Qualifications |  | |  |  |  | |  | |
| Work History |  | |  |  |  | |  | |
| License/Certificates Held |  | |  |  |  | |  | |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. 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 Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.