



ARIZONA DEPARTMENT OF CHILD SAFETY
**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:

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|--------------------------------------|-----------------------------------------|
| Proof of Income | OLR Life Safety Inspection |
| Proof of Lawful Presence | Training Documentation |
| Evidence of Fingerprinting | Medical Statements |
| Criminal History Self Disclosure | Notice of Inspection Rights/Supplements |
| Emergency Evacuation Plan | Assessment Guide or PS-MAPP/FPC Profile |
| Applicant Statement of Understanding | Disaster/Relocation Plan |
| Reference Letters | |

And the selected applicable items below:

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|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Valid Driver’s License(s) | Current Rabies Vaccination (for dogs) |
| Current Vehicle Insurance | Provider Agreements |
| Current Vehicle Registration | Valid First Aid/CPR Certification |
| Transportation Requirement | Current Children’s Immunization Records |
| Current Vehicle Safety Inspection | Death Certificate |
| School References | Other: |
| Employment References | |
| Documentation (Divorce Decree, Marriage License/Certificate, Death Certification, Child Support Documentation, etc.) | |

Name of Applicant (Please Print)

Licensing Agency Name (Please Print)

QCID

Licensing Agency Representative Signature



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.