



ARIZONA DEPARTMENT OF CHILD SAFETY
RENEWAL APPLICATION WORKSHEET
(for applicants NOT using Quick Connect)

For renewal of Foster Home Licensure, Child or Adult Developmental Home Licensure, please complete this renewal application. Your licensing agency worker will input this information into the Quick Connect Licensing System. Each applicant must complete a separate application unless legally married. Married couples apply jointly.

Quick Connect Identification Number (License Number) _____

Check the type of license you are renewing:

Foster Home License

In-Home Respite License

Licensee's Information ~ (Primary Applicant)

Full Legal Name (Last, First, Middle) _____				Email (If applicable) _____	
Physical Address (No., Street) _____	City _____	State _____	Zip _____	Yes	No
				Marital Status Change	
Mailing Address (If different; No., Street) _____	City _____	State _____	Zip _____	Yes	No
				Legal Resident of the United States	
Driver's License Change _____	State _____	Driver's License Number _____		Proof of Legal Residency _____	

Residence Change (If you have moved to a new residence, complete this section and the "Changes to My Home" section)

Mailing Address (If different; No., Street) _____	City _____	State _____	Zip _____	Date of Move _____
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Licensee's Information ~ (Spouse)

Full Legal Name (Last, First, Middle) _____				Email (If applicable) _____	
Physical Address (No., Street) _____	City _____	State _____	Zip _____	Yes	No
				Marital Status Change	
Mailing Address (If different; No., Street) _____	City _____	State _____	Zip _____	Yes	No
				Legal Resident of the United States	
Driver's License Change _____	State _____	Driver's License Number _____		Proof of Legal Residency _____	

Residence Change (If you have moved to a new residence, complete this section and the "Changes to My Home" section)

Mailing Address (If different; No., Street) _____	City _____	State _____	Zip _____	Date of Move _____
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Any minor or adult children that no longer live in the home? ~ (Use additional sheet if necessary)

Yes No If Yes, complete the following:

Name (Last, First, M.I.)	Telephone Number	Mailing Address



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New people who have moved into your home or on the premises (guest house, camper, etc.)?

Are there new people living in your home? **Yes** **No**
 Have people moved onto your property (guest house, camper, etc.)? **Yes** **No**

If Yes, complete the following:

Name (Last, First, M.I.)	Date of Birth (mm/dd/yy)	Soc. Sec. No. (If age 17 or over)	Sex	Relationship to you (Child, sibling, friend)	What date did they move in or on the premises?	Unsupervised access to children?	
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

People who lived with you, but moved out during the year.

Have people (not including your children or spouse) moved out of your house? **Yes** **No**
 Have people (not including your children or spouse) moved off your property? **Yes** **No**

If Yes, complete the following:

Name (Last, First, M.I.)	Sex	Relationship to you (Child, sibling, friend)	What date did they move out?	Reason for Move

Have you changed employment?

Yes **No** If Yes, complete the following:

Licensee

New Employer _____				Position/Title _____	Date of Hire _____
Address _____	City _____	State _____	ZIP _____	Phone No. _____	Hours of Work _____
Yes No					
Work with DD children or adults? _____					

Spouse

New Employer _____				Position/Title _____	Date of Hire _____
Address _____	City _____	State _____	ZIP _____	Phone No. _____	Hours of Work _____
Yes No					
Work with DD children or adults? _____					



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Do you have any new licenses or certifications or have any been denied, revoked or suspended?

	Licensee					Spouse				
<i>In the past year, have you applied for or received licensure or certification to provide day care for a child (e.g. nursing, adoption, in-home child care, child care center, etc.)?</i>	Yes	No	If Yes, were you:			Yes	No	If Yes, were you:		
			Licensed	Certified				Licensed	Certified	
	License Number		From: To:		License/Certification Dates	License Number		From: To:		License/Certification Dates
	Type of Care		In what states?			Type of Care		In what states?		
<i>In the past year have you had a license or certification denied, suspended or revoked?</i>	Yes	No	If Yes, explain:			Yes	No	If Yes, explain:		
<i>Summarize your past year's experience providing care or supervision to children (Use additional sheet if necessary).</i>										

In the last year, have you had any DCS or APS involvement, or court proceedings?

Check the box if you have ever been involved in any of the following:

Licensee	Spouse	Type of Involvement
		Allegation of abuse, neglect or abandonment of a child or a vulnerable adult (This includes any APS or DCS reports)
		Dependency action regarding a child.
		Record of substantiated child maltreatment or maltreatment of vulnerable adults
		Severance or Termination of Parental Rights (TPR)
		Adoption
		Delinquency/incorrigibility regarding your biological or adopted children
		Child support enforcement proceedings
		Child custody
		Criminal proceedings
		Filed for or declared bankruptcy
		Lawsuit filed against you



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Court/Agency Action

If yes to any of the prior section, completed this section. Use additional sheet if necessary.

Name	City and State of Court	Date	Nature of Action	Outcome

Have you, your spouse, your children, or household member(s) been arrested this year?

Name	City and State of Arrest	Date	Charge	Disposition

Vehicle Information

What do you use to transport children placed in your home?

Own Vehicle Friends/Family Public Transportation Other (specify): _____
Transportation option

- Do you currently own or have access to an infant car seat? **Yes** **No**
- If Yes, do you know how to install and use it properly? **Yes** **No**
- Do you currently own or have access to a child car seat? **Yes** **No**
- If Yes, do you know how to install and use it properly? **Yes** **No**
- Do you follow the DCS policy of not transporting children in the bed of a pick-up truck? **Yes** **No**
- Do you have a current registration and insurance for the vehicle(s) you intend to use to transport children? **Yes** **No**
- Is your vehicle equipped with front passenger seat air bags? **Yes** **No**
- Are you aware children 12 years old and younger should not be transported in the front passenger seat if the car has front passenger air bags? **Yes** **No**

Vehicle Details

Make	Model	Registration Exp.	Insurance Company	Insurance Exp.	VIN Number



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Budget/Financial Information

Applicant Net Monthly Income (take home)\$ _____
Spouse Net Monthly Income (take home)\$ _____
Interest or Dividend Income\$ _____
Other Income (source: _____)\$ _____
Other Income (source: _____)\$ _____
Additional Resources (Child support, rent, adoption subsidy, etc.)\$ _____
Additional Resources (Child support, rent, adoption subsidy, etc.)\$ _____

Total Monthly Income \$ _____

Assets ~ Equity / Value

Home\$ _____
Financial Accounts\$ _____
Stock, Bonds, 401K, Retirement\$ _____
Personal Property (Furniture, jewelry, etc.)\$ _____
Other items of significant value\$ _____

Monthly Expenses

Mortgage/Rent\$ _____
Taxes/Insurance\$ _____
Electric, Gas, Water, Sewer Bills\$ _____
Telephone, Cable, Internet, etc.\$ _____
Food and Household Supplies\$ _____
Savings Account\$ _____
Charitable Contributions\$ _____
Medical/Dental Care\$ _____
Child Care\$ _____
Education\$ _____
Child Support\$ _____
Clothing\$ _____
Vehicle Payment(s)\$ _____
Vehicle Insurance\$ _____
Vehicle Operation (Gas, oil, tires, maintenance)\$ _____
Credit Card Payments\$ _____
Loans not reflected above\$ _____
Other (specify): _____\$ _____

Total Monthly Expenses \$ _____



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Home Information

Have you moved, remodeled your home or added a pool or spa? **Yes** **No**
 If Yes, describe the changes: _____

How many bedrooms are in your house? _____ How many bathrooms are in your house? _____

What is your school district? _____

Do you have a swimming pool? **Yes** **No**
 If yes, is it fenced? **Yes** **No**
 If not fenced, is it drained? **Yes** **No**

Do you have a spa or hot tub? **Yes** **No**
 If yes, is it fenced? **Yes** **No**
 If not fenced, is it drained? **Yes** **No**

Are there any other bodies of water deeper than 18 inches on the premises? If Yes, describe: **Yes** **No**

Do you have guns on the premises? **Yes** **No**
 If yes, are they in locked storage? **Yes** **No**
 Are they trigger locked or inoperable? **Yes** **No**

Do you have ammunition on the premises? **Yes** **No**
 If yes, are they in locked storage? **Yes** **No**
 Are guns and ammunition stored separately? **Yes** **No**

Do you have any pets or animals?
 Bird Cat Dog Rodent Reptile Live Stock Other (specify): _____

For Dogs Only

Name of Dog	Rabies Vaccine Expiration Date	Name of Dog	Rabies Vaccine Expiration Date
Name of Dog	Rabies Vaccine Expiration Date	Name of Dog	Rabies Vaccine Expiration Date
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