## 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:

Proof of Lawful Presence Evidence of Fingerprinting References Valid First Aid/CPR Certification Current Children's Immunization Records (if applicable) Current Vehicle Insurance (if applicable) Current Vehicle Registration (if applicable) Naloxone Training (if applicable)  Name of Applicant (Please Print)  Licensing Agency Specialist Name (Please Print)  Licensing Agency Supervisor Signature  Notice of Inspection Rights/Supplements Valid First Aid/CPR Certification Current Children's Immunization Records (if applicable)  Documentation (Divorce Decree, Marriage License/Certificate, Death Certification, Child Support Documentation, etc.) Other:  Licensing Agency Specialist Name (Please Print)  Licensing Agency Supervisor Signature  Date	Proof of Income	Training Documentation	Training Documentation	
References  Valid Driver's License(s) (if applicable)  Current Vehicle Insurance (if applicable)  Current Vehicle Registration (if applicable)  Naloxone Training (if applicable)  Name of Applicant (Please Print)  Licensing Agency Specialist Name (Please Print)  Licensing Agency Representative Signature  Date	Proof of Lawful Presence	Notice of Inspection Rights/Supplements		
Valid Driver's License(s) (if applicable)  Current Vehicle Insurance (if applicable)  Current Vehicle Registration (if applicable)  Naloxone Training (if applicable)  Name of Applicant (Please Print)  Licensing Agency Specialist Name (Please Print)  Licensing Agency Representative Signature  Documentation (Divorce Decree, Marriage License/Certificate, Death Certification, Child Support Documentation, etc.)  Other:  Licensing Agency Specialist Name (Please Print)  Licensing Agency Representative Signature  Date	Evidence of Fingerprinting	Valid First Aid/CPR Certification		
Current Vehicle Insurance (if applicable)  Current Vehicle Registration (if applicable)  Naloxone Training (if applicable)  Name of Applicant (Please Print)  Licensing Agency Specialist Name (Please Print)  Licensing Agency Representative Signature  Date	References	Current Children's Immunization Records (if applicable)		
QCID Licensing Agency Representative Signature Date	Current Vehicle Insurance (if applicable)  Current Vehicle Registration (if applicable)	License/Certificate, Death Certification, Support Documentation, etc.)		
	Name of Applicant (Please Print)	Licensing Agency Specialist Name (Please Print)		
Licensing Agency Supervisor Signature Date	QCID	Licensing Agency Representative Signature		
		Licensing Agency Supervisor Signature		



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.