

Arizona Department of Economic Security

Foster Home License, Adult Developmental Home License or Adoption Certification

APPLICATION

Instructions: Please attach additional pages, as needed, to complete the application. For a Foster Home License or Adult Developmental Home License each applicant must complete a separate application unless legally married; married couples apply jointly. For Adoption Certification, married applicants apply jointly; if unmarried, only one person in a couple may apply for certification.

Please check () the type of license or certification you are applying for: Adult Developmental Home License
 Foster Home License (ACYF or DDD) Adoption Certification Foster Home License and Adoption Certification

APPLICANT - FULL LEGAL NAME (*Last, first, middle*) _____ SOCIAL SECURITY NUMBER _____
 OTHER NAMES HELD BY APPLICANT (*Birth name, previous marriages, legal change of name, etc.*) _____

SPOUSE - FULL LEGAL NAME (*Last, first, middle*) _____ SOCIAL SECURITY NUMBER _____
 OTHER NAMES HELD BY SPOUSE (*Birth name, previous marriages, legal change of name etc.*) _____

PHYSICAL ADDRESS (*Street address, city, state, ZIP code*) _____ TELEPHONE NUMBER _____
 ()

COMPLETE MAILING ADDRESS (*If different from physical address*) _____

PERSONAL INFORMATION

	APPLICANT	SPOUSE
Birth	Date of birth _____ Place (<i>city, state, country</i>) _____	Date of birth _____ Place (<i>city, state, country</i>) _____
	Are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a legal U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Current marital status Attach a copy of your marriage license or court decree, as applicable.	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	
Education Indicate highest level of education completed and, if applicable, your field of study.		
Employment History Provide information on the past 10 years.	Present Employer's Name: _____ Address: _____ Phone: () _____ Position: _____ Hours of work: _____ Date of hire: _____	Present Employer's Name: _____ Address: _____ Phone: () _____ Position: _____ Hours of work: _____ Date of hire: _____
	Former Employer's Name: _____ Position: _____ Dates of employment: _____ to _____	Former Employer's Name: _____ Position: _____ Dates of employment: _____ to _____
	Former Employer's Name: _____ Position: _____ Dates of employment: _____ to _____	Former Employer's Name: _____ Position: _____ Dates of employment: _____ to _____

Under the Americans with Disabilities Act (ADA), 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 that 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. This document is available in alternative formats by contacting (602) 347-6340.

	APPLICANT	SPOUSE
Residence List each address where you have lived over the last 10 years, prior to your current address.	Address: _____ Length of time as this address: _____ City: _____ State: _____ Address: _____ Length of time as this address: _____ City: _____ State: _____ Address: _____ Length of time as this address: _____ City: _____ State: _____	Address: _____ Length of time at this address: _____ City: _____ State: _____ Address: _____ Length of time at this address: _____ City: _____ State: _____ Address: _____ Length of time at this address: _____ City: _____ State: _____
Experience Summarize any experience you have providing care or supervision to children or vulnerable adults. Attach a separate page summarizing experience, if needed.		
Have you ever applied to be certified or licensed in any state to provide care to a child or to a vulnerable adult (e.g., adoption, in-home child care, child care center, foster care, assisted living, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you licensed/certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify type of care: _____ Dates of licensure: _____ State in which you were licensed/certified: _____ Have you ever had a license or certification denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you licensed/certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify type of care: _____ Dates of licensure: _____ State in which you were licensed/certified: _____ Have you ever had a license or certification denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license ?	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ ID Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ ID Number: _____
Please identify your ethnicity . <i>(This information is collected for statistical and federal reporting purposes only.)</i>	<input type="checkbox"/> American Indian <i>Tribal Affiliation:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian <i>Tribal Affiliation:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Native Hawaiian or other Pacific Islander

CHARACTER REFERENCES

Please provide the names of five individuals who have known you well for several years and can attest to your character. At least two of the references must be familiar with your household. No more than two of the references may be related to you.

Name	Mailing Address	Telephone Number	Relationship or Title	Number of Years Known
		()		
		()		
		()		
		()		
		()		

SCHOOL REFERENCES

If you have school-aged children, please provide the name of at least one individual who is familiar with your child and your involvement in your child's education (e.g., teacher, counselor, administrator, etc.).

Name	Mailing Address	Telephone Number	Position or Title	Number of Years Known
		()		
		()		

HOUSEHOLD INFORMATION

Please provide the following information on each person, other than yourself or your spouse, currently residing in your household.

Name	Date of Birth	Gender	Social Security Number (for persons 17 and older)	Relationship to Applicant (Child, sibling, friend, etc.)	Length of Time Living in Household
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

PERSONS RESIDING ON THE PREMISES OF YOUR HOME

Yes No In addition to the household members listed above, will there be any other individuals residing on the premises?

Yes No If Yes, will they have direct or unsupervised access to a foster or adoptive child or to a vulnerable adult placed in your care?

If you answered Yes to either question, please provide the following information:

Name	Date of Birth	Gender	Social Security Number (for persons 17 and older)	Relationship to Applicant (Relative, boarder, etc.)	Length of Time Living on Premises
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

MINOR AND ADULT CHILDREN LIVING OUTSIDE YOUR HOME

Name	Date of Birth	Gender	Present Mailing Address	Telephone Number
		<input type="checkbox"/> M <input type="checkbox"/> F		()
		<input type="checkbox"/> M <input type="checkbox"/> F		()
		<input type="checkbox"/> M <input type="checkbox"/> F		()
		<input type="checkbox"/> M <input type="checkbox"/> F		()

DISCLOSURE OF CIVIL ACTIONS AND COURT RECORDS

Please indicate if you have ever been a party involved in any of the following:

Applicant Spouse

- | | | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Allegation of abuse or neglect of a child or of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Allegation of abandonment of a child or of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependency action regarding a child |
| <input type="checkbox"/> | <input type="checkbox"/> | Record of substantiated child maltreatment or maltreatment of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Delinquency/incorrigibility regarding any of your children |
| <input type="checkbox"/> | <input type="checkbox"/> | Severance or Termination of Parental Rights (TPR) |
| <input type="checkbox"/> | <input type="checkbox"/> | Child support enforcement proceedings |
| <input type="checkbox"/> | <input type="checkbox"/> | Adoption |
| <input type="checkbox"/> | <input type="checkbox"/> | Child custody |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal proceedings |
| <input type="checkbox"/> | <input type="checkbox"/> | Filed for or declared bankruptcy |
| <input type="checkbox"/> | <input type="checkbox"/> | Lawsuit filed against you |

COURT/AGENCY ACTION

Name	Date	City and State of Court	Nature of Action	Outcome

Have you or anyone in the household ever been arrested? Yes No If yes, please complete following

ARREST INFORMATION

Name	Date of Arrest	City and State of Arrest	Charge	Disposition

FINANCIAL INFORMATION

<u>Average Income</u>	Monthly	<u>Average Expenses</u>	Monthly
Applicant (Net or take home)	_____	Mortgage/Rent Payment	_____
Spouse (Net or take home)	_____	Taxes/Insurance	_____
Interest/Dividends	_____	Utilities (<i>electricity, gas, water, sewage</i>)	_____
Other Income (<i>specify</i>):	_____	Telephone, Cable TV, Internet, etc.	_____
_____	_____	Monthly Food and Household Supplies	_____
_____	_____	Savings	_____
Total Monthly Net Income	_____	Charitable Contributions	_____
<u>Additional Resources</u>		Medical/Dental Care	_____
Child Support	_____	Child Care	_____
Adoption Subsidy	_____	Education	_____
Rent or Contributions by Household	_____	Child Support	_____
Other Income (<i>specify</i>):	_____	Clothing	_____
_____	_____	Vehicle Payment	_____
Total Monthly Additional Resources	_____	Vehicle Insurance	_____
<u>Assets</u>	Equity/Value	Vehicle Operation (<i>gas, maintenance, etc.</i>)	_____
Home	_____	Credit Card	APPROX. BALANCE _____
Other Property and Real Estate	_____	Credit Card	APPROX. BALANCE _____
Financial Accounts	_____	Loan	APPROX. BALANCE _____
Stocks/Bonds/401K/Retirement	_____	Loan	APPROX. BALANCE _____
Personal Property (<i>furniture, jewelry, etc.</i>)	_____	Other Amt. Owed	APPROX. BALANCE _____
Other items of significant value:	_____		
_____	_____		
Total Assets	_____	Total Monthly Expenses	_____

If you have other resources that are used or can be used to meet your financial obligations that are not referenced above, please describe:

Please indicate the type of children or vulnerable adults you prefer to care for:

Gender: Male Female Either Age Range: From _____ to _____ Maximum Number : _____

If you are applying for a Foster Home License, would you be willing to expand the number of children to accommodate a sibling group or to provide short term respite? Yes No

If you are applying for Adoption Certification would you consider adopting a child with special needs? Yes No

LICENSING/CERTIFICATION PREPARATION

1. Directions to your home, including landmarks and major cross streets *(if applicable)*: _____

2. In what school district is your home located? _____
3. Do you have a swimming pool? Yes No If Yes, is it fenced? Yes No
4. Do you have a spa or hot tub? Yes No If Yes, is it fenced? Yes No
5. Are there other bodies of water on the premises? Yes No If Yes, describe: _____
6. How many bedrooms are in your house? _____ How many bathrooms are in your house? _____
7. What are your plans for sleeping arrangements for the child(ren) or vulnerable adult(s) placed in your home? _____

8. Does anyone in your household smoke? Yes No
If yes, specify locations in and around the home where household members smoke: _____

9. Do you have any guns on the premises? Yes No
If Yes, are all guns maintained in locked storage? Yes No
Are all guns trigger locked or rendered inoperable? Yes No
10. Do you have any ammunition on the premises? Yes No
If Yes, is the ammunition maintained in locked storage? Yes No
Are guns and ammunition stored separately? Yes No
11. Do you have any pets or animals? Yes No
If Yes, specify number and types: _____

12. Are rabies vaccinations current for each dog on the premises? Yes No N/A
13. What do you plan to use for the transportation of children or vulnerable adults placed in your home?
 Own vehicle Friends/extended family members Public transportation Other *(specify)*: _____
14. Do you have vehicle insurance for the vehicles you plan to use to transport the children or vulnerable adults placed in your home?
Company Name: _____ Policy Number: _____
Company Name: _____ Policy Number: _____
15. Do you currently have or do you have access to an **infant** car seat? Yes No
If Yes, do you know how to properly use it? Yes No
16. Do you currently own or do you have access to a **child** car seat? Yes No
If Yes, do you know how to properly use it? Yes No
17. Is your vehicle equipped with front passenger seat air bags? Yes No
If Yes, are you aware of safety recommendations that children 12 years and younger not be transported in the front passenger seat? Yes No
18. DES policy prohibits transporting children in the bed of a pick-up truck. Are you willing to abide by this policy? Yes No

STATEMENTS OF UNDERSTANDING

INITIALS I understand that my application grants permission to the Department of Economic Security and the Licensing Agency to conduct investigative practices for Licensing and Certification purposes only.

INITIALS I understand that the provision of false information or the intentional misrepresentation of information on this Application may result in the denial or revocation of my foster care license and/or adoption certification.

INITIALS I understand that licensure or certification does not guarantee the placement of a child or vulnerable adult in my home.

INITIALS I understand that physical and corporal punishment are prohibited forms of discipline in the care and supervision of a foster/adoptive child or of vulnerable adults.

INITIALS I understand that the abuse or illegal use of alcohol or prescription drugs is strictly prohibited while I am responsible for the care, supervision, or transportation of foster or adoptive children or vulnerable adults. I further understand that the use or possession of any quantity of marijuana, cocaine, heroin, or any drug or intoxicant deemed illegal is strictly prohibited during my application for licensure/certification and during the term of my license/certificate.

INITIALS I understand that the federal Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (Public Law 104-188) prohibits the denial of foster care licensure or adoption certification on the basis of my race, color or national origin, or of the basis of the race, color or national origin of the involved child.

SPECIFIC TO FOSTER CARE AND ADULT DEVELOPMENTAL HOME APPLICANTS:

INITIALS I understand that foster care reimbursement is intended to fund the cost of meeting the child's or vulnerable adult's needs and is not an additional source of income.

INITIALS I understand that the complete application process includes verification of compliance with all licensing rules, including pre-service training, fingerprinting, criminal record and protective service records check, a life-safety inspection of my home, an assessment of all household members, an analysis of my financial stability, and a statement of health from my physician.

SPECIFIC TO ADOPTIVE APPLICANTS:

INITIALS I understand that should I accept for adoption a child from outside the Department of Economic Security who is not a court ward of this state or any other state, the Department of Economic Security will seek to collect Adoption Certification Investigation and Report Fees pursuant to A.R.S. § 8-105 and Administrative Rule 6-5-6509.

INITIALS I understand that the complete application process includes verification of compliance with all certification rules, including pre-service orientation or training, fingerprinting, criminal record and protective service records check, an assessment of all household members, an analysis of my financial stability, and a statement of health from my physician.

APPLICANT'S SIGNATURE	DATE
APPLICANT'S SIGNATURE	DATE