

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Developmental Disabilities  
 Office of Licensing Certification & Regulation

**RENEWAL APPLICATION WORKSHEET**  
*(for applicants NOT using Quick Connect)*

For renewal of 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: *(If applying for Child Developmental Home and Adoption, check both)*

- Child Developmental Home License (DDD)                       Adult Developmental Home License (DDD)  
 In-Home Respite License     Adoption Certification

LICENSEE'S INFORMATION	SPOUSE'S INFORMATION <i>(If joint application)</i>
FULL LEGAL NAME <i>(Last, First, Middle)</i>	FULL LEGAL NAME <i>(Last, First, Middle)</i>
COMPLETE PHYSICAL ADDRESS <i>(No., Street, City, State, ZIP)</i>	COMPLETE PHYSICAL ADDRESS <i>(No., Street, City, State, ZIP)</i>
COMPLETE MAILING ADDRESS <i>(If different from Physical Address)</i>	COMPLETE MAILING ADDRESS <i>(If different from Physical Address)</i>
E-MAIL ADDRESS <i>(If applicable)</i>	E-MAIL ADDRESS <i>(If applicable)</i>

LICENSEE'S PERSONAL INFORMATION	SPOUSE'S PERSONAL INFORMATION
MARITAL STATUS CHANGE? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, explain):</i>	MARITAL STATUS CHANGE? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, explain):</i>
LEGAL RESIDENT OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	LEGAL RESIDENT OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROOF OF LEGAL RESIDENCY	PROOF OF LEGAL RESIDENCY

DRIVER'S LICENSE CHANGE <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Number: _____	DRIVER'S LICENSE CHANGE <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Number: _____
RESIDENCE CHANGE <i>(If you have moved to a new residence, complete this section and the "Changes to My Home" section)</i> New Address: City, State, ZIP: Date of move: Date of Life-Safety Inspection: Did the new home pass inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when were corrections made and verified?	RESIDENCE CHANGE <i>(If you have moved to a new residence, complete this section and the "Changes to My Home" section)</i> New Address: City, State, ZIP: Date of move: Date of Life-Safety Inspection: Did the new home pass inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when were corrections made and verified?

**New people who have moved into your home**

Are there new people living in your home?  Yes  No If Yes, complete the following.

Name <i>(Last, First, M.I.)</i>	Date of Birth <i>(MM/DD/YY)</i>	Gender	Soc. Sec. No. <i>(If age 17 or over)</i>	Relationship to you <i>(Child, sibling, friend)</i>	What date did they move in?
		<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			



**Have you changed employment?**  Yes  No If Yes, complete the following.

Licensee	Spouse
New Employer:	New Employer:
Address:	Address:
Phone No.:	Phone No.:
Position/Title:	Position/Title:
Hours of work:	Hours of work:
Date of Hire:	Date of Hire:
Work with DD Child or Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work with DD Child or Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Applicant	Spouse
In the past year, have you applied for or received licensure or certification to provide day care for a child or a vulnerable adult (e.g. nursing, adoption, in-home child care, child care center, assisted living, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you: <input type="checkbox"/> Licensed <input type="checkbox"/> Certified License No.: Type of Care: Licensure/Certification Dates: From            to In what state(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you: <input type="checkbox"/> Licensed <input type="checkbox"/> Certified License No.: Type of Care: Licensure/Certification Dates: From            to In what state(s)?
In the past year have you had a license or certification denied, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain)
Summarize your past year's experience providing care or supervision to children or vulnerable adults (Use additional sheet if necessary).		

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

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

Licensee	Spouse	Type of Involvement
<input type="checkbox"/>	<input type="checkbox"/>	Allegation of abuse, neglect or abandonment of a child or a vulnerable adult (This includes any DCS or APS reports)
<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 vulnerable adults.
<input type="checkbox"/>	<input type="checkbox"/>	Severance of Termination of Parental Rights (TPR)
<input type="checkbox"/>	<input type="checkbox"/>	Adoption.
<input type="checkbox"/>	<input type="checkbox"/>	Delinquency/incorrigibility regarding your biological or adopted children
<input type="checkbox"/>	<input type="checkbox"/>	Child support enforcement proceedings
<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** *(If yes to any of the prior section, completed this section – use additional sheet if necessary)*

Name	Date	City & State of Court	Nature of Action	Outcome

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

Name	Date of Arrest	City & State of Arrest	Charge	Disposition

**Vehicle Information**

What do you plan to use to transport children or vulnerable adults placed in your home?

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

Do you currently own or have access to an infant car seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you know how to install and use it properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own or have access to a child car seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you know how to install and use it properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow the DES policy of not transporting children in the bed of a pick-up truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current registration and insurance for the vehicle(s) you intend to use to transport children and vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your vehicle equipped with front passenger seat air bags?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Vehicle Details**

Make	Model	Year	Registration Expiration	Insurance Company	Insurance Expiration	VIN Number

**Budget/Financial Information**

Applicant Net Monthly Income ( <i>take home</i> )	\$
Spouse Net Monthly Income ( <i>take home</i> )	\$
Interest or Dividend Income	\$
Other Income (source:        )	\$
Other Income (source:        )	\$
Additional Resources (source:        ) ( <i>Child support, rent, adoption subsidy, etc.</i> )	\$
Additional Resources (source:        ) ( <i>Child support, rent, adoption subsidy, etc.</i> )	\$
<b>Total Monthly Income</b>	\$

<b>Assets</b>	<b>Equity / Value</b>
Home	\$
Financial Accounts	\$
Stock, Bonds, 401K, Retirement	\$
Personal Property ( <i>Furniture, jewelry, etc.</i> )	\$
Other items of significant value	\$

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

**Changes to my home**

Have you moved, remodeled your home or added a pool or spa? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following.	
What is your new school district?	
Do you have a swimming pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not fenced, is it drained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a spa or hot tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not fenced, is it drained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other bodies of water on the premises? If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many bedrooms are in your house?	How many bathrooms are in your house?

**Safety Information**

Do you have guns on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they in locked storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they trigger locked or inoperable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have ammunition on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they in locked storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guns and ammunition stored separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any new pets or animals? <input type="checkbox"/> Bird <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Livestock <input type="checkbox"/> Other ( <i>specify</i> ):	

For Dogs Only: Name of Dog and Breed	Rabies Vaccine Expiration Date

**Training – What training have you taken in the past year? (Note - Internet based training must be pre-approved)**

Completion Date	Type	Name of Training	Credit Hours

**Licensing Preferences – Have your licensing preferences changed?  Yes  No If Yes, complete the following.**

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Either <input type="checkbox"/> Both	Age Range	Number of Children
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**By signing this Renewal Worksheet and the Statement of Understanding & Agreement Signature Form for the Child or Adult Developmental Home License Application, I /we hereby declare the information on this worksheet is accurate and true.**

LICENSEE'S SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

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. • Disponible en español en línea o en la oficina local.