

ARIZONA DEPARTMENT OF CHILD SAFETY
Office of Licensing and Regulation
INITIAL APPLICATION WORKSHEET
(for applicants NOT using Quick Connect)

For Foster Home Licensure please complete this 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. For Adoption Certification, married couples apply jointly; if unmarried, only one person in a couple may apply.

Check the type of license you are applying for: *(If applying for Foster Care and Adoption, check both)*

- Foster Home License
 - Therapeutic Certification Medically Complex Emergency Receiving Certification
 - Group Certification (overcap. only)
- Adoption Certification
- In-Home Respite License

APPLICANT 1 INFORMATION				APPLICANT 2 INFORMATION <i>(If joint application)</i>			
FULL LEGAL NAME <i>(Last, First, Middle)</i>				FULL LEGAL NAME <i>(Last, First, Middle)</i>			
SOCIAL SECURITY NUMBER				SOCIAL SECURITY NUMBER			
OTHER NAME(S) USED <i>(birth name, prior married names, legal name change, etc.)</i>				OTHER NAME(S) USED <i>(birth name, prior married names, legal name change, etc.)</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>		PHONE NO.		E-MAIL ADDRESS <i>(If applicable)</i>		PHONE NO.	
APPLICANT 1 PERSONAL INFORMATION				APPLICANT 2 PERSONAL INFORMATION			
DATE OF BIRTH		PLACE OF BIRTH		DATE OF BIRTH		PLACE OF BIRTH	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other <i>(explain)</i> :				DATE OF MARRIAGE			
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		LEGAL RESIDENT OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		LEGAL RESIDENT OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROOF OF LEGAL RESIDENCY				PROOF OF LEGAL RESIDENCY			
HIGHEST LEVEL OF EDUCATION				HIGHEST LEVEL OF EDUCATION			
FIELD OF EDUCATION <i>(College)</i>				FIELD OF EDUCATION <i>(College)</i>			
ETHNICITY <i>(Collected for statistical and federal reporting purposes only)</i> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian (Tribal Affiliation): <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Native Hawaiian / Pacific Islander				ETHNICITY <i>(Collected for statistical and federal reporting purposes only)</i> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian (Tribal Affiliation): <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Native Hawaiian / Pacific Islander			
DRIVERS LICENSE		<input type="checkbox"/> N/A		DRIVERS LICENSE		<input type="checkbox"/> N/A	
State:	Number:	Exp.		State:	Number:	Exp.	
List any restrictions:				List any restrictions:			
RESIDENCE <i>(Past 10 years, list in date order. Use another sheet if necessary. If applicant has lived out of state within the past 10 years, a Central Registry Release of Information must be completed.)</i> Address: City, State, ZIP: Dates: To From:				RESIDENCE <i>(Past 10 years, list in date order. Use another sheet if necessary. If applicant has lived out of state within the past 10 years, a Central Registry Release of Information must be completed.)</i> Address: City, State, ZIP: Dates: To From:			

Employment Information – <i>Include past 10 years, list in date order. Use another sheet if necessary.</i>	
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:
Applicant 1	Applicant 2
Employer:	Employer:
Address:	Address:
Telephone No.:	Telephone No.:
Position/Title:	Position/Title:
Hours of Work:	Hours of Work:
Date of Hire:	Date of Hire:
Date Employment Ended:	Date Employment Ended:

Disclosure of DCS or APS Involvement / Civil Actions / Court Records – Check the box if you have ever been involved in *any* of the following:

Applicant 1	Applicant 2	Type of Involvement
<input type="checkbox"/>	<input type="checkbox"/>	Allegation of abuse, neglect or abandonment of a child or a vulnerable adult <i>(This includes any APS or DCS reports)</i>
<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 or 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
<input type="checkbox"/>	<input type="checkbox"/>	Divorce

Court / Agency Action / Criminal Arrest Record – If Yes to any of the prior section, complete this section. Use additional sheet if necessary.

Name	Date	City and State of Court	Nature of Action/Charge	Outcome

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?.....How many? _____ 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?.....How many? _____ 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	Year	Registration Expiration	Insurance Company	Insurance Expiration	VIN Number	No. of Working Seatbelts

Budget/Financial Information *(Average monthly amount for the year)*

Applicant 1 Net Monthly Income <i>(take home)</i>	\$
Applicant 2 Net Monthly Income <i>(take home)</i>	\$
Interest or Dividend Income	\$
Other Income - Source:	\$
Other Income - Source:	\$
Additional Resources <i>(child support, rent, adoption subsidy, etc.)</i> Source:	\$
Additional Resources <i>(child support, rent, adoption subsidy, etc.)</i> Source:	\$
Total Monthly Income	\$

Expenses	Monthly
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 <i>(Gas, oil, tires, maintenance)</i>	\$
Credit Card Payments	<i>Minimum monthly payment</i>
Name: Balance:	\$
Credit Card Payments	<i>Minimum monthly payment</i>
Name: Balance:	\$
Credit Card Payments	<i>Minimum monthly payment</i>
Name: Balance:	\$
Loans not reflected above	\$
Recreation / hobbies	\$
Other <i>(specify):</i>	\$
Other <i>(specify):</i>	\$
Total Monthly Expenses	\$

Licensing Preferences

Gender: Male Female Either Both Age Range: Number of Children:

If you are applying for Foster Home Licensure, would you be willing to expand your license to accommodate a sibling group or provide short-term respite for other foster parents? Yes No

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

By signing this Application Worksheet and the Statement of Understanding and Agreement Signature Form for the Family Foster Home License Application, I /we hereby declare the information on this worksheet is accurate and true.

APPLICANT 1 SIGNATURE	DATE
APPLICANT 2 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.