

# Arizona Department of Health Services

## Office of Child Care Licensing

### INITIAL CERTIFICATION APPLICATION FOR A CHILD CARE GROUP HOME

A.R.S. Title 36-Chapter 7.1

PUBLIC RIGHT TO KNOW: The case records regarding this Child Care Facility are available for inspection at the Office of Child Care Licensing, 1500 East Cedar Avenue, Suite 22, Flagstaff, 400 West Congress, Suite 100, Tucson, or 150 North 18<sup>th</sup> Avenue, Suite 400, Phoenix.

**Instructions:** This application must be completed in its entirety, as appropriate. Not all sections apply; review carefully. Please contact the licensing agency if there are any questions relating to the completion of this application.

**The initial certificate application is valid for 150 days from the date of Office of Child Care Licensing receipt. If licensing is not complete during this time a new initial license application and fee will be required.**

- **\$30 non-refundable fee must accompany the application -**
- **(Business check, Cashier's check or Money Order only) -**
- **Make check payable to the Arizona Department of Health Services -**

**SEND THE REQUIRED ITEMS TO YOUR REGIONAL OFFICE OF CHILD CARE LICENSING AT:**

- 150 North 18<sup>th</sup> Avenue, Suite 400, Phoenix, Arizona 85007
- 400 West Congress, Suite 100, Tucson, Arizona 85701
- 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004

**AMERICANS WITH DISABILITIES ACT**

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at 602-364-2539 or 1-800-615-8555, or log on to <http://www.azdhs.gov/als/childcare/index.htm>

**Complete the following information:**

Name of Child Care Group Home or Applicant		Residence telephone number
Street Address of Group Home		Residence fax number
City	County	Zip Code
Complete Mailing address (if different from above)		
E-mail address		Name of PROVIDER (if different than applicant)

<b>OFFICIAL USE ONLY</b>	SGH#:	Previous SGH:	LS:	APP ID #:	<b>Received by Initials:</b>
	Date Fee Rec'd:	Amount:	Check Number:		

**Applicant's Type of Business Organization: Check One**

<input type="checkbox"/> <b>Individual Ownership</b>	Complete section A
<input type="checkbox"/> <b>Corporation</b>	Complete section B
<input type="checkbox"/> <b>Partnership</b>	Complete section C
<input type="checkbox"/> <b>Limited Liability Company</b>	Complete section D
<input type="checkbox"/> <b>Association or Cooperative</b>	Complete section E
<input type="checkbox"/> <b>Joint Venture</b>	Complete section F

**SECTION A – INDIVIDUAL OWNERSHIP** - must be 21 years of age, a U.S. citizen or legal resident alien and a resident of Arizona

<b>Name of INDIVIDUAL (applicant):</b>
<b>Telephone number:</b>
<b>Required document:</b> A U. S. passport, a birth certificate, naturalization documents or documentation of legal resident alien status. Citizenship and Alien Status Statement.

**SECTION B – CORPORATION** - must be a domestic entity or a foreign entity qualified to do business in Arizona

<b>Name of CORPORATION (applicant):</b>	
<b>Address:</b>	<b>Telephone number:</b>
<b>NAME of primary CONTACT PERSON:</b>	<b>Telephone number:</b>
<b>Required documents:</b> If changed/amended, a copy of the “filed” changes to the Articles of Incorporation. List showing name, title and address of each officer and board member or trustee. Arizona Corporation Commission Certificate of Good Standing dated within six months before the date of application.	

**SECTION C – PARTNERSHIP** - must have at least one partner who is a U. S. citizen or legal resident alien and a resident of Arizona.

<b>Name of PARTNERSHIP (applicant):</b>	
<b>Address:</b>	<b>Telephone number:</b>
<b>NAME of Primary CONTACT PERSON:</b>	<b>Telephone number:</b>
<b>Required documents:</b> Partnership documents, if available (if changed). List showing name, title and address of each officer and board member or trustee. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one partner.	

**SECTION D – LIMITED LIABILITY COMPANY** - must be a domestic entity or a foreign entity qualified to do business in Arizona.

<b>Name LIMITED LIABILITY COMPANY (applicant):</b>	
<b>Address:</b>	<b>Telephone number:</b>
<b>NAME of Primary CONTACT PERSON:</b>	<b>Telephone number:</b>
<b>Required documents:</b> Limited Liability Company documents (if changed). List showing name, title and address of each manager and member. Arizona Corporation Commission Certificate of Registration dated within six months before the date of application.	

**SECTION E - ASSOCIATION or COOPERATIVE** – must be a domestic entity or a foreign entity qualified to do business in Arizona.

<b>Name of ASSOCIATION or COOPERATIVE (applicant):</b>	
<b>Address:</b>	<b>Telephone number:</b>
<b>NAME of Primary CONTACT PERSON:</b>	<b>Telephone number:</b>
<b>Required documents:</b> Articles of organization (if changed). List showing name, title and address of each officer and board member or trustee. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one association member.	

**SECTION F - JOINT VENTURE**

<b>Name of APPLICANT:</b>	
<b>Address:</b>	<b>Telephone number:</b>
<b>Name of Primary CONTACT PERSON:</b>	<b>Telephone number:</b>
<b>Required documents:</b> Joint venture documents, if applicable. (if changed). List showing name, title and address of each officer and board member or trustee.	

**Attach copies of the following for the provider:**

- 1) A copy of the Provider's Arizona Driver's License/ID issued by the Motor Vehicle Department
- 2) A copy of the Provider's high school diploma or equivalent, AA or BA degree, **and** documentation of 3 credit hours or 60 clock hours of training
- 3) A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.
- 4) *Fingerprint Clearance Card*
- 5) *Criminal History Affidavit*

**The application shall be signed:**

- INDIVIDUAL – by the individual
- CORPORATION - by an officer of the corporation
- PARTNERSHIP - by two of the partners
- LIMITED LIABILITY COMPANY – by a manager or, a member of the limited liability company
- ASSOCIATION OR COOPERATIVE – by two members of the governing board
- JOINT VENTURE – by two of the individuals signing the joint venture agreement

- I have included a certified check, business check or money order made payable to the Arizona Department of Health Services for \$ 30.00.
- I am at least 21 years of age.
- I am the individual designated under R9-3-103 and have the authority to sign on behalf of the applicant.
- I affirm that no Controlling Person has been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, unless the denial was based on the controlling person’s failure to complete the certification or licensing process according to a required time-frame.
- I affirm that no Controlling Person has had a certificate to operate a child care group home or a license to operate a child care facility revoked or suspended in this state or another state for reasons that relate to endangerment of the health and safety of children.
- I agree to allow the Department to submit supplemental requests for information.
- Pursuant to A.A.C. § R9-3-102 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.
- I have read and will comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.
- I have sufficient financial resources to comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.
- I affirm that I am aware of my obligation to comply with local laws, including zoning, building and fire.
- Under penalty of law, I declare that the information provided in the application, including the information in the documents attached is accurate and complete.

Print Name	Signature
Print Name	Signature

**Attach copies of the following for the signatory(ies):**

- 1) A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.
- 2) *Fingerprint Clearance Card(s)*
- 3) *Criminal History Affidavit(s)*
- 4) *Citizenship and Alien Status Statement form(s)*
- 5) Applicant’s copy of high school diploma or equivalent, AA or BA degree

I project the child care group home will be ready for an inspection by \_\_\_\_\_(MM/DD/YY).

**After the application packet has been reviewed and determined to be complete, a Licensing Surveyor will contact you to set up an appointment**

**Have the following available at the time of the inspection:**

- ✓ Violation-free gas inspection (if applicable)
- ✓ Certificate of Liability (\$100,000.00 minimum)
- ✓ If applicable, Certificate of commercial auto liability insurance