



**Child Care Group Home
Initial Fee Application Form**



Name of Child Care Group Home:		SGH#:
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT		
Application Fee <input type="checkbox"/> 1-10 licensed capacity \$1,000 Pursuant to R9-3-201	Application Fee Reduction: Check the box below if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. <input type="checkbox"/> Empower Pack Program fee reduction - \$500 To register and for more information regarding the program, go to www.theempowerpack.org or call your local licensing office.	
FEES DUE		
1. Application Fee		\$
2. Less Empower Pack Fee Reduction (if fee reduction box above is checked)		- \$
3. Less any amount already paid (do not count any payments returned to you by the Department)		- \$
4. Net Amount Due		= \$
Payment by cashier's check, money order or business check can made payable to: Arizona Department of Health Services (Cash and personal checks are not accepted.)		
Write the facility license number on the check or money order (if applicable).	<input type="checkbox"/> 150 North 18 th Avenue, Suite 400, Phoenix, Arizona 85007 <input type="checkbox"/> 400 West Congress, Suite 100, Tucson, Arizona 85701 <input type="checkbox"/> 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004	
Mail payment to the Department at the applicable office:		
AMOUNT ENCLOSED		\$

OCCL USE ONLY	Verify EP:	Date Fee Rec'd:	Amount:	Check Number:	Received by Initials:	LS:

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-1077.

***All fees submitted to the Department are subject to review and adjustment due to information provided by the Departmental inspection.**