

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES**

**COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATION  
NOTICE OF DEFICIENCY**

Date: \_\_\_\_\_

Applicant/Agency Name: \_\_\_\_\_

Requestor Name \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

<b>Item(s) Requiring Corrective Action</b>	<b>Timeframe/Comments</b>	<b>Applicant Corrective Action Plan</b>
<input type="checkbox"/> Reason for amendment		
<input type="checkbox"/> Provider ID/NPI		
<input type="checkbox"/> Provider Name		
<input type="checkbox"/> Provider Address(es)		
<input type="checkbox"/> Program Director's Information		
<input type="checkbox"/> T/RBHA affiliation		
<input type="checkbox"/> Tax ID#/Social Security Number		
<input type="checkbox"/> Provider Incorporation Documents		
<input type="checkbox"/> Provider Charter		
<input type="checkbox"/> Occupancy Permit		
<input type="checkbox"/> Fire inspection		
<input type="checkbox"/> Services Provided		
<input type="checkbox"/> Age Groups		
<input type="checkbox"/> Direct Service Staff/Contractor List		
<input type="checkbox"/> Proof of age		
<input type="checkbox"/> Reference form		
<input type="checkbox"/> Driver's license		
<input type="checkbox"/> Vehicle registration		
<input type="checkbox"/> Current liability insurance		
<input type="checkbox"/> Credible evidence of BHP		

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<input type="checkbox"/> Credible evidence of BHT		
<input type="checkbox"/> Credible evidence of BHPP		
<input type="checkbox"/> Credible evidence of one (1) year work experience in providing rehabilitation services to persons with disabilities		
<input type="checkbox"/> Fingerprint Clearance Card		
<input type="checkbox"/> Fingerprint Clearance Card Application		
<input type="checkbox"/> State of Arizona Criminal History Affidavit		
<input type="checkbox"/> ADHS/DBHS Self-Declaration of Criminal History		
<input type="checkbox"/> CPR Certificate		
<input type="checkbox"/> First Aid Training		
<input type="checkbox"/> TB Documentation		
<input type="checkbox"/> Training checklist		
<input type="checkbox"/> Training documentation		

Please forward the Corrective Action Plan and corresponding documentation to the requestor indicated above by the specified timeframe(s).