



Child Care Center Modification Fee Form

Name of facility:		CDC#:
Current Licensed Capacity:	Empower Pack Program:	
Requested Licensed Capacity:	Registered* <input type="checkbox"/>	Not registered** <input type="checkbox"/>
Capacity Ranges: #1) 5-10 children #2) 11-59 children #3) 60+ children		
Select the requested change:	DIFFERENCE fee: amount per month (based on 36 month license)	
	*Registered	**Not registered
<input type="checkbox"/> Increase capacity from range #1 to #2	<input type="checkbox"/> \$41.67	<input type="checkbox"/> \$83.33
<input type="checkbox"/> Increase capacity from range #2 to #3	<input type="checkbox"/> \$52.78	<input type="checkbox"/> \$105.56
<input type="checkbox"/> Increase capacity from range #1 to #3	<input type="checkbox"/> \$94.44	<input type="checkbox"/> \$188.89
REMAINDER: Number of remaining months in your licensing period (include the current month)		
FEES DUE		
DIFFERENCE fee based on capacity change	\$	
REMAINDER of licensed months	x	
Amount Due (multiply DIFFERENCE x REMAINDER)	\$	
<p>Payment should be by cashier's check, money order or business check made payable to: ARIZONA DEPARTMENT OF HEALTH SERVICES</p> <p>Write the facility license number on the check or money order. Mail payment to the Department at: 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007</p> <p>Cash and personal checks are not accepted.</p>		
AMOUNT ENCLOSED:	\$	
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT		

Example: If your current licensed capacity is 50, you are registered for the empower pack program, your license is effective 6/1/09 – 5/31/12 and you want to increase the capacity to 70 effective 11/15/10: \$52.78 x 19 months = \$1002.82

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 architect review or Departmental inspection).**