

INITIAL APPLICATION

Full Legal Name of Facility/Organization:	AZDHS To be used by AZDHS, Facility ID: SLH-
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Pursuant to Arizona Revised Statutes Title 36, Chapter 18, Article 4 and Arizona Administrative Code Title 9, Chapter 12, **all requirements** listed below must be submitted before a license can be issued by the Department. An inspection of the home is also required if it is not currently certified by a Department-recognized certifying organization. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

APPLICATION CHECKLIST		ADHS Review
Application with all applicable fields complete		
Attestation that the applicant is in compliance with local zoning ordinances, building codes, and fire codes		
A complete and signed Statement of Citizenship or Alien Status form (see attached form) of the individual acting for the applicant		
Current copy of citizenship or authorized presence document (approved documents for ID)		
A Floor Plan for the proposed sober living home, including: <ul style="list-style-type: none"> • Location and size of each "resident bedroom" • Location of each openable window or door from a resident bedroom • Must be provided on 8.5 x 11 paper (architectural drawings will not be accepted) 		
A copy of the applicant's current certificate as a sober living home from a Department-approved certifying organization, if applicable (AzRHA/NARR Certificate)		
Documentation that the applicant has permission from the owner of the premises to operate a sober living home at the proposed location, if applicable (Owner Attestation Form)		
A licensing fee of \$500 + \$100 times the maximum number of residents of the proposed sober living home. <ul style="list-style-type: none"> • Licensing Fee: \$_____ (Manager is not calculated) Please make Cashier's check or money order payable to the Arizona Department of Health Services		

Pursuant to A.R.S. § 41-1030(B)(E)(F)(G): B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this sections. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

APPLICANT INFORMATION

Full Legal Name of Applicant (Individual or business organization requesting a license)		Does the applicant own the premises?	
		YES	No
Email Address	Phone Number (XXX) XXX-XXXX		
Street Address			Apt, Unit, etc. #
City	State	Zip Code	

INDIVIDUAL TO ACT FOR APPLICANT/LICENSEE (if applicable)

Pursuant to R9-12-102, **if the applicant is a business organization**, please complete this section with information for the individual who the business organization has designated to act its behalf, for the purposes of this application/license, who:

- Is a controlling person of the business organization
- Is a U.S. citizen or legal resident
- Has an **Arizona address**

Full Legal Name of Applicant/Licensee acting on behalf of the business organization that is on ACC website

Email Address		Phone Number (XXX) XXX-XXXX		
Street Address				Apt, Unit, etc. #
City	State	Zip Code		

PROPOSED SOBER LIVING HOME INFORMATION

Name of Proposed Sober Living Home, if applicable		Maximum Number of Residents: (exclude Manager)		
Street Address of Proposed Sober Living Home (No PO Box)				Apt, Unit, etc. #
City	State	Zip Code		
Phone Number of Proposed Sober Living Home (XXX) XXX-XXXX		Primary Mailing Address Location:	SL Home Address	Applicant Address
Name of Manager for Proposed Sober Living Home				
Manager's Email Address		Manager's Telephone Number (XXX) XXX-XXXX		

Other Items

Is the facility currently certified by another organization ?	Has the Applicant / Licensee ever had any State license denied, suspended, or revoked?		
Yes No	Yes No		
If yes, List name of approved certifying organization (No AzDHS License)			

INSPECTION INFORMATION (if applicable)

Pursuant to R9-12-106, if the proposed sober living home is not currently certified by a Department-approved certifying organization, please complete this section with information regarding when the home will be ready for inspection.

Is the Proposed Sober Living Home currently ready for inspection by the Department?

Yes No

If no, provide the anticipated date the Proposed Sober Living Home will be ready for inspection. (MM/DD/YYYY)

LOCAL ZONING ORDINANCES, BUILDING CODES, & FIRE CODES COMPLIANCE ATTESTATION

Pursuant to R9-12-103(A)(1)(j), I, _____, attest that the applicant for the Proposed Sober Living home is in compliance with all local zoning ordinances, building codes, and fire codes.

Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

Date Signed

SUPPLEMENTAL REQUESTS FOR INFORMATION

Do you authorize the Department to submit supplemental requests for information under R9-12-106(C)(3) if necessary to complete the application?

Yes No

APPLICANT ATTESTATION

I attest that this "Sober Living Home" which I am applying for, will meet **A.R.S. §36-2061(3)**

(Initials in each of the next 5 boxes, agreeing to)

- ____ Promotes independent living and life skills development
- ____ May provide activities that are directed primarily toward recovery from substance use disorders
- ____ Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders
- ____ Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence
- ____ Plus, I understand that a Sober Living Home **NOT** eligible for reimbursement through AHCCCS

I, _____ attest that all information submitted as part of this application is true and accurate.

Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

Date Signed

You may drop off or mail your application & payment to:

Arizona Department of Health Services 150 N 18th Avenue, Suite 420, Phoenix, AZ 85007

OR contact us at our email: BehavioralHealth.Licensing@AzDHS.Gov

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT
Behavioral Health Facilities Licensing**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions:

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
 - a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph.**
 - b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name.**

SECTION I — APPLICANT INFORMATION

Legal First Name	Legal Middle Name	Legal Last Name
Type of Application:	Initial Application	Renewal Application
Type of License/Certification:	Sober Living Home	
	Behavioral Health Facility	

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?	Yes	No
If you answered 'Yes' to the previous question, indicate place of birth:		
City: _____	State (or equivalent): _____	Country or Territory: _____
If you answered 'Yes,'		
1. Attach a legible copy of a document from the attached list.		
Name of Document: _____		
2. Skip Section III and go to Section IV.		
If you answered 'No,' complete sections III and IV.		

SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 14. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV — DECLARATION

ALL applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

Date Signed

ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. §41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

Please note:

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)
2. If the document submitted does NOT contain your photograph, you MUST provide another government issued document that contains a photograph.

Acceptable Documents:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States (Illinois, New Mexico, Utah, and Washington (except for 'Enhanced' credentials) do not verify lawful presence in U.S.)
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

OWNER ATTESTATION FORM

Pursuant to R9-12-103(A)(5), if the premises for the proposed sober living home are leased, this form must be signed by the owner or authorized legal representative of the owner and submitted as part of the initial application for licensure.

APPLICANT INFORMATION		
Full Legal Name of Applicant (Individual or business organization requesting a license)		
PROPOSED SOBER LIVING HOME INFORMATION		
Name of Proposed Sober Living Home, if applicable		
Street Address of Proposed Sober Living Home		
City	State	Zip Code
PROPERTY OWNER INFORMATION		
Full Legal Name of Owner of the Physical Address of Proposed Sober Living Home (Individual or business organization who owns property)		
Full Legal Name of Authorized Legal Representative of Owner of Physical Address of Proposed Sober living Home, if Applicable		
Email Address	Phone Number (XXX) XXX-XXXX	
PROPERTY OWNER AUTHORIZATION		
<p>I attest that I own the premises of the proposed sober living home listed above, or I am an authorized legal representative of the facility ownership listed above, and I authorize the Applicant to operate a sober living home on the premises.</p>		
<p>_____ Signature of Property Owner(Actual Signature or E-Signatures Accepted / No Typing)</p>		<p>_____ Date Signed</p>