

CERTIFIED FAMILY CHILD CARE PROVIDER APPLICATION

Family Child Care Provider In-Home Provider

APPLICANT INFORMATION

Applicant Name (*Last, First, Middle*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Race (*You may voluntarily indicate your race and ethnic background*): AI (American Indian or Alaskan Native)
AS (Asian) BL (Black or African-American) NH (Native Hawaiian or other Pacific Islander) WH (White)

Ethnicity: Hispanic? Yes No

Are you a U.S. citizen? Yes No

If no, are you legally eligible to work in the U.S.? (*You will be required to provide documentation*) Yes No

HOUSEHOLD MEMBERS

“Household Member” means a person who does not provide child care services who resides in the home facility of a provider for 21 days or longer or who resides periodically throughout the year for a total of at least 21 days.

Household Member #1 I DO NOT have any household members

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Relationship to you: _____ Has this person lived out of state in the last 5 years? Yes No

Household Member #2 N/A

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Relationship to you: _____ Has this person lived out of state in the last 5 years? Yes No

Household Member #3 N/A

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Relationship to you: _____ Has this person lived out of state in the last 5 years? Yes No

Household Member #4 N/A

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Relationship to you: _____ Has this person lived out of state in the last 5 years? Yes No

For additional household members and Adult and Minor Children Out-of-Home include the Application Addendum CC-200-A.

ADULT AND MINOR CHILDREN OUT-OF-HOME

(Include spouse's children and stepchildren)

Child #1 **I and my significant other DO NOT have any adult or minor children who reside out-of-home.**

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____ Relationship to you: _____

Child #2 **N/A**

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____ Relationship to you: _____

Child #3 **N/A**

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____ Relationship to you: _____

Child #4 **N/A**

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____ Relationship to you: _____

REFERENCES

Please furnish the names of at least four adults, not related to you, who have known you for at least **one (1) year** and can provide information regarding your abilities to care for and nurture children.

1. Name (*Last, First, M.I.*): _____

Address (*No., Apt. No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Preferred language: English Spanish

2. Name (*Last, First, M.I.*): _____

Address (*No., Apt. No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Preferred language: English Spanish

REFERENCES *(continued)*

3. Name (*Last, First, M.I.*): _____

Address (*No., Apt. No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Preferred language: English Spanish

4. Name (*Last, First, M.I.*): _____

Address (*No., Apt. No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Preferred language: English Spanish

MY BACKUP PROVIDER IS:

Adult Household Member Other Adult Certified Provider DHS Licensed Group Home/Center

Last Name: _____ First Name: _____ Middle Name: _____

Other Names Used (*Maiden name, other married names, nicknames, etc.*): _____

Social Security Number: _____ Date of Birth (*mm/dd/yyyy*): _____

Relationship to you: _____ Has this person lived out of state in the last 5 years? Yes No

If Yes, please list states: _____

Individual Name or Center/Group Home Name as on License: _____

DHS License Number (*if applicable*): _____ DES Provider ID (*if applicable*): _____

List ages certified or licensed to care for (*list ages 0-12 years of age*): _____

STATEMENT OF PHYSICAL AND MENTAL HEALTH FOR FAMILY AND CHILD CARE PROVIDERS

I _____ am in good physical and mental health; I am able to perform all lawful duties of a family child care provider. Also, I certify that I am free from all communicable diseases for which routine immunizations are readily and safely available. I further agree to furnish such proof to that effect, as the Department of Economic Security may require.

I further certify that all children 13 years old and younger residing in the provider's home are also free of communicable diseases for which routine immunizations are readily and safely available and shall furnish proof to the Department to that effect or provide appropriate exemptions.

In the last 12 months, I have not _____ have _____ participated in counseling related to abuse or neglect of a child or for any other violent behavior or act.

This statement does not supersede other requirements as stated in Arizona Administrative Code, Title 6, Chapter 5, Article 52.

REGISTRATION AND EMPLOYMENT HISTORY FOR PROVIDING DES-CERTIFIED CHILD CARE SERVICES

Date: _____ Name of Person Being Fingerprinted (*Last, First, M.I.*): _____

Social Security Number: _____ Occupation: _____

Child Care Provider's Name (*If different from above*): _____

EMPLOYMENT HISTORY

Complete the following employment history. Start with your present or most recent job and go back five years. If necessary, use an additional sheet and attach it to this form.

1. Employer's Name: _____ Job Title: _____ Employment Dates: _____
from: _____ to: _____

Address (*No., Street, Suite No., City, State, ZIP Code*): _____

Phone Number (*with area code*): _____ Reason for leaving: _____

2. Employer's Name: _____ Job Title: _____ Employment Dates: _____
from: _____ to: _____

Address (*No., Street, Suite No., City, State, ZIP Code*): _____

Phone Number (*with area code*): _____ Reason for leaving: _____

3. Employer's Name: _____ Job Title: _____ Employment Dates: _____
from: _____ to: _____

Address (*No., Street, Suite No., City, State, ZIP Code*): _____

Phone Number (*with area code*): _____ Reason for leaving: _____

I give my permission for the DES to contact the employers listed above. Yes No

If no, give reason: _____

Have you ever been employed to work with children? Yes No

If yes, list employer's name and address: _____

To your knowledge, have you ever been the subject of a Child Protective Services investigation? Yes No

If yes, explain: _____

Have you ever been fired or forced to resign from a job working with children? Yes No

If yes, explain: _____

Have you ever been a DES-certified child care home provider? Yes No

If yes, when and where: _____

APPLICANT'S SIGNATURE

I swear (*affirm*) and certify under penalty of perjury under the laws of the United States of America and the State of Arizona that I know that the contents of this application form (*CC-200*) along with any addendum of the application (*CC-200-A*), subscribed by me are true and correct. The evidence submitted by me for the information provided on the application is true and correct. I further understand that my application may be denied if I fail to disclose requested information or provide false or misleading information to the Department.

Applicant's Signature: _____ Date: _____