

DIRECT SERVICE POSITION (CERTIFICATION FORM) PROVIDER CONTRACTS UNIT

EMPLOYERS: PLEASE RETAIN THIS FORM IN YOUR CONFIDENTIAL FILES. PLEASE DO NOT SUBMIT TO DES.

You are being provided this form because you have applied for a position that provides direct services to children of the Arizona Department of Economic Security (ADES). Arizona state law requires that all individuals who provide direct services to children certify whether an allegation of abuse or neglect was made against them and was substantiated. Your information, upon submission by your employer, will be searched through the Arizona Department of Child Safety Central Registry as well as the following local and national registries of any state in which you have resided in the previous five (5) years: Criminal and Sex Offender, Child Abuse and Neglect, FBI Fingerprint Check using Next Generation Identification, and National Sex Offender. All information contained on this form is confidential and will be retained as such by your employer.

Last Name _____ First Name _____

Full Middle Name *(No initials unless name is initial only)* _____

All Previous Names *(such as maiden, prior marriages, nick names.)* _____

Sex Male Female Date of Birth _____ Social Security NO: _____

Current Address *(NO., Street, City, State, Zip Code):* _____

- Have you lived in other state(s) in the past five (5) years? Yes No
If Yes, please complete the Direct Service Position Supplement #1 form.
- Are you currently the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction? Yes No
- Have you ever been the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? Yes No
If Yes, please answer the following questions. If you need additional space, please use the Direct Service Position Supplement #2 form.

When was/were the investigation(s) conducted?

Where was/were the investigation(s) conducted?

What was/were the allegations? Do not include the name of any child or person involved in the investigation.

Direct Service Position Supplement #2 attached Yes No

STATEMENT OF CERTIFICATION

By signing this form and any supplement(s), if applicable, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Staff Name _____ Date of Birth _____

DIRECT SERVICE POSITION SUPPLEMENT #2

Additional Information Regarding Substantiated Findings

The Direct Service Position Supplement #2 is to be used by individuals who have completed the Direct Service Position form and need additional space in order to answer the question in which they have indicated that they have been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding. This information will be retained by the Employer as confidential.

CONTINUATION: (Please print or type.)

What was/were the allegations(s)? Do not include the name of any child or any person involved in the investigation.