

ADULT PROTECTIVE SERVICES RECORDS CHECK REQUEST

Instructions: This form is only to be used for family foster home providers applying for a Child Developmental Certified Home (CDCH) certification or applying for a Child Developmental Home License under a different licensing agency. Email the completed form to dddolcr@azdes.gov.

Date: _____ Quick Connect (License) ID Number: _____

Foster parent is applying for Child Developmental Home Certification (CDCH)

Foster parent is applying for a Child Developmental Home (CDH) license under a different licensing agency

DCS Foster Care Licensing Agency: _____

DDD Licensing/Certifying Agency: _____

Name of Licensing/Certification Worker: _____

Licensing/Certification Worker's E-mail: _____ Phone Number: _____

I attest that the applicant(s) and all adult household members have signed the DES Applicant Statement of Understanding (LCR-1056A). Yes No

Signature: _____ Date: _____

List all applicants and adult household members.

Name (Last, First)	Date of Birth	SS Number

For OLCR Use Only:

APS Records checked on _____ and no records were found for the above named individual(s).

APS Records checked on _____ and findings have been forwarded to the licensing/certifying agency.

Signature: _____ Date: _____

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