

CERTIFIED FAMILY CHILD CARE PROVIDER APPLICATION

Date Received:

Family Child Care Provider

In-Home Provider

APPLICANT INFORMATION

FULL LEGAL NAME (Last, First, M.I.) _____

OTHER NAMES USED (Maiden Name, other Married Names, Nicknames, etc.) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (mm/dd/yyyy) _____

PHONE NUMBER (Best number to reach you) _____ EMAIL ADDRESS (Required) _____

RESIDENTIAL ADDRESS (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (If different from residential) _____

CITY _____ STATE _____ ZIP CODE _____

HOUSING INFORMATION: Own Rent* *Obtain a completed Landlord Permission form (CCA-1175A) from property owner.

TYPE OF CURRENT RESIDENCE: House Apartment Mobile home Other (Specify) _____

Have you lived out of state in the last 5 years? Yes No

PREFERRED LANGUAGE: English Spanish Other (Specify) _____

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

Are you an enrolled member of an American Indian tribe? Yes No If yes, which tribe? _____

Are you currently employed? Yes No If yes, what are the days and hours? _____

Are you currently a licensed foster parent? Yes No If yes, how many children are you licensed for? _____

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

APPLICANT'S NAME: _____

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 _____

APPLICANT'S NAME: _____

REFERENCES

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

1. NAME (*Last, First, M.I.*) _____

ADDRESS (*No., Street*) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ PREFERRED LANGUAGE: English Spanish

2. NAME (*Last, First, M.I.*) _____

ADDRESS (*No., Street*) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ PREFERRED LANGUAGE: English Spanish

3. NAME (*Last, First, M.I.*) _____

ADDRESS (*No., Street*) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ PREFERRED LANGUAGE: English Spanish

4. NAME (*Last, First, M.I.*) _____

ADDRESS (*No., Street*) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ PREFERRED LANGUAGE: English Spanish

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 _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, call 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.