

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration
PROVIDER HOME CERTIFICATION
REQUEST FOR SEARCH OF BACKGROUND CHECKS

DES District Supervisor Name

Reason for Request
Check one:
New Applicant
Annual
New HHM/Back up

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information.

The information contained in the Central Registry of Arizona Department of Child Safety (ADCS), and any attached files shall be used as a factor to determine qualifications for individuals applying for contracts with this state, including household members of the prospective contractor, contractors, and subcontractors for positions that provide direct services to children. **The information contained in the ADCS Central Registry and any attached files are confidential and shall not be further disseminated or shared.**

Please PRINT or TYPE the information accurately and completely in all the fields below and on the subsequent pages.

PROVIDER NAME (*Last, First, M.I.*) _____
PROVIDER I.D. ASSIGNED BY DES _____
PHONE NUMBER (*Please include area code*): _____ EMAIL ADDRESS: _____
MAILING ADDRESS: (*No., Street*) _____
CITY _____ STATE _____ ZIP CODE _____
Name of person submitting this request (*Please print*): _____
REQUESTER'S SIGNATURE: _____

SUBMIT YOUR COMPLETED REQUEST TO APPROPRIATE DISTRICT SUPERVISOR.

You will receive an emailed response which contains one or more of the following results.

- Unable to process
- All Household Members cleared
- Substantiated finding (non-disqualifying)
- Substantiated finding (disqualifying) – [A list of the **Disqualification Acts** is attached for your information.]
- Substantiated finding (disqualifying with exception granted)

FOR INTERNAL USE ONLY

Date of search: _____ Number of names checked: _____ Checks completed by (initials): _____

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, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.

Provider Name: _____ Provider I.D.: _____ Date Submitted: _____

INDIVIDUAL INFORMATION FOR SEARCH OF BACKGROUND CHECKS
(Please copy as many of this page as needed and number them accordingly.)

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 (MM/DD/YY) _____ SOCIAL SECURITY NUMBER _____

PHYSICAL ADDRESS: (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

Has the person lived in other state(s) in the past five (5) years?

If YES, please attach the Direct Service Position Supplement #1. Yes No

RELATIONSHIP _____

FOR INTERNAL USE ONLY							
DCSCR	CHILDS	Notes:	Out of State	Criminal/Sex Offender	National Crime Info Center	FBI Fingerprint	National Sex Offender
NF	NF		NF	NF	NF	NF	NF
ND	ND		DISQ	DISQ	DISQ	DISQ	DISQ
DISQ	DISQ						
EXC	EXC						

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