ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Child Care Administration

PROVIDER HOME CERTIFICATION DIRECT SERVICE POSITION (Certification form)

You are being provided this form because you or a household member 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, will be searched through the Arizona Department of Child Safety (ADCS) 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, National Crime Information Center (run by the FBI), 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	S (such as maiden, prior	marriages, nick names.)	
SEX Male	e	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS (I	No., street, city, state, zi	o code)	
•Have you lived in	other state(s) in	the past five (5) years?	
□No	☐ Yes If	Yes, please complete the Direct Se	vice Position Supplement #1 form.
•Are you currently	the subject of a	n investigation of child abuse or neg	lect in Arizona or another state or jurisdiction?
□No	☐ Yes		
		f an investigation of child abuse or retermined to have occurred) finding?	neglect in Arizona or another state or jurisdiction
□No		Yes , please answerthe following quease use the Direct Service Position	estions. If you need additional space, n Supplement #2 form.
When was/were t	he investigation(s) conducted?	
Where was/were	the investigation	(s) conducted?	
What was/were the investigation		Please print or type.) Do not includ e	e the name of any child or person involved in
STATEMENT OF	CERTIFICATION		Supplement #2 attached No Yes
	m and any supp	ement(s), if applicable, I certify that	the information provided is true, correct, and com-
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, 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.

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Name:	Date of Birth:
	DIRECT SERVICE POSITION SUPPLEMENT #1 [Additional Address(es)]
sition form and have ind be used by the Departm is confidential and will b	tion Supplement #1 is to be completed by individuals who have completed the Direct Service Policated that they have resided in other state(s) in the past five years. The information provided will nent to complete and submit the Request for Search for Background Checks form. This information e retained by the Department as such with the exception that the Department is required to attach eck request identified above.
	ded in other state(s) in the past five (5) years and that the required information is indicated below. It ess(es) which include number, street, city, state, zip code and dates during which I resided there.
Please print or type.	
DATE	ADDRESS

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Name: Date of Birth:
DIRECT SERVICE POSITION SUPPLEMENT #2 [Additional Information Regarding Substantiated Findings]
The <i>Direct Service Position Supplement #2</i> is to be used by individuals who have completed the <i>Direct Service Position</i> 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 Department 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