

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)
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ALL PREVIOUS NAMES (such as maiden, prior marriages, nick names.)

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER
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PHYSICAL ADDRESS (No., street, city, state, zip code)

•Have you lived in other state(s) in the past five (5) years?

No     Yes    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?

No     Yes

•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?

No     Yes    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? *(Please print or type.) Do not include the name of any child or person involved in the investigation.*

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*Direct Service Position Supplement #2 attached*     No     Yes

**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
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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.



