



EMPOWER PROGRAM

OVERVIEW & ACKNOWLEDGEMENTS:

EMPOWER

The owner or individual listed below has registered and is a participant with the EMPOWER Program accessible on the ADHS website at:

<https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php>

D.E.E.P

The owner or individual listed below is responsible for writing and updating the Emergency Preparedness Plan and has completed/passed the Disaster Emergency Evacuation Preparedness (D.E.E.P) online training accessible on the ADHS website at:

<https://www.azdhs.gov/documents/licensing/childcare-facilities/training/deep-online-training.pdf>

Provider ID: _____ Facility Name: _____

I certify that I have taken the D.E.E.P online training and that I am a member of the EMPOWER program accessible on the ADHS website

Date: _____ Signed: _____

Name: _____



DEPARTMENT OF
ECONOMIC SECURITY
Division of Benefits and Medical Eligibility