

Arizona Department of Economic Security  
Division of Developmental Disabilities  
Office of Licensing Certification and Regulation (OLCR)  
Home and Community Based Services (HCBS)

Certification ID Number

**Application for Group Home Certificate**

Action Requested (*Check one*):      Initial              Renewal              Amendment

Amendment Type (*Check all that apply*):

- Name Change (*Attach documentation*)      Change Address              Add Service
- Delete Service      Change SS or EIN      Change of Ownership      Change of Contact

Application Date: \_\_\_\_\_ Agency/Business Name: \_\_\_\_\_

FEI/Tax ID Number: \_\_\_\_\_

Mailing Address (*No., Street, Suite or Apt. No.*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Agency/Business Phone: \_\_\_\_\_ Emergency/After Hours Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Group Home Name: \_\_\_\_\_

Group Home Address (*No., Street*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

DHS License Number: \_\_\_\_\_ DHS License Expiration: \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Authorized Person Completing Application: \_\_\_\_\_

**HCBS Services**

- Habilitation, Group Home                      Habilitation, Nursing Supported Group Home
- Habilitation, Behavioral-Support Group Home              Respite

I swear, under penalties of law including perjury, false swearing, or unsworn falsification, that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For OLCR Use Only**

Certification Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Effective Date of Action: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewers Signature (*By signing, I affirm that all data has been verified and documentation is on file*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_