

APPLICATION FOR CHILD DEVELOPMENTAL HOME CERTIFICATION

INSTRUCTIONS

To be eligible for child developmental home certification, you must have a regular foster care license in good standing and you must be caring for a DDD eligible child. Before completing this application, confirm the child in your care is eligible for DDD services and has been assessed for child developmental certified home services. Once the application is complete, submit this application to the DDD certification worker. The DDD certification worker will forward this application and other documents to the Department of Economic Security, Division of Developmental Disabilities, Office of Licensing, Certification and Regulation (OLCR).

- A.R.S. 41-1030 Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice.
- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Select One: Initial Application Renewal Application

Name (*Applicant 1*): _____

Name (*Applicant 2*): _____

Mailing Address (*No., Street, Apt. No.*): _____

City: _____ State: _____ ZIP Code: _____

Physical Address (*If different from above*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Foster Care License Number (*Quick Connect ID*): _____

Foster Care Licensing Agency: _____

Foster Care Licensing Worker: _____

Phone Number: _____ Email: _____

DDD Certification Agency (*if different from foster care agency*): _____

DDD Certifying Worker: _____

Phone Number: _____ Email: _____

Check each of the boxes below to indicate you have reviewed each statement:

I understand that I am responsible to meet the requirements outlined in A.A.C. R6-6-1001 et. seq. (Article 10) in addition to the foster care licensing requirements outlined in A.A.C. R21-6-101 et. seq. (Title 21).

I understand that the Division of Developmental Disabilities (OLCR) will be reviewing my foster care licensing information contained in Quick Connect and/or on file with the foster care licensing agency to verify that I meet the requirements of A.A.C. R6-6-1001 et. seq.

I understand that I am responsible to complete 18 hours of initial training. I further understand that I am responsible to complete 10 hours of training to renew the certification.

I understand that my employment may not interfere with the full-time care and supervision of children.

I understand that any alternative caregivers must meet Home and Community Based Certification (HCBS) requirements and must be pre approved by the certifying agency before providing care. (A.A.C. R6-6-1501 et. seq)

I understand that my home will need to be inspected by the Division of Developmental Disabilities (OLCR) and comply with A.A.C. R6-18-101 et. seq.

I understand that my license will be restricted to the current children placed. No additional children will be able to be placed in my home unless the license is amended.

I understand that my certification will be terminated when the specific foster child for whom I am being certified leaves my home or is adopted or if my foster care license is terminated.

I agree to work cooperatively with the DDD certification agency and provide additional information to the Division of Developmental Disabilities (OLCR) if needed to verify compliance with the Child Developmental Home Certification requirements.

Applicant 1 Signature _____ Date: _____

Applicant 2 Signature _____ Date: _____

Certification Worker Signature _____ Date: _____