ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Office of Licensing, Certification, and Regulation (OLCR)

STATEMENT OF UNDERSTANDING
APPLICATION FOR HCBS CERTIFICATION

I am applying for certification to provide Home and Community-Based Services (HCBS). I understand that by signing and submitting this form, I am granting permission for OLCR to conduct an assessment of my training, education, experience, and background, including criminal and protective service records (Adult Protective Services and Child Protective Services Central Registries), to determine if I meet the standards for certification to provide HCBS. I attest, under penalty of perjury and to the best of my knowledge, that the information provided in this application is accurate and true.

I further understand the requirements for certification and I agree to comply with all applicable laws and regulations. Specifically, I understand:

- The certification standards for HCBS, as detailed in the Arizona Administrative Code, Title 6, Chapter 6, Article 15.
- The standards for managing inappropriate behaviors as detailed in the Arizona Administrative Code, Title 6, Chapter 6, Article 9 and that corporal punishment is a prohibited form of discipline that shall not be used while providing HCBS.
- That the abuse or illegal use of alcohol or prescription drugs is strictly prohibited while I am responsible for the provision of HCBS.
- That the use or possession of any quantities of illegal drugs is strictly prohibited during my application for certification and throughout the term of my certification.
- That certification does not guarantee the referral of consumers to my home or program.
- That the provision of false information or the intentional misrepresentation of information in my application may result in the denial of my application or revocation of my certification.
- All persons age 18 and older who reside with me must read and sign page 2 of this form, if HBCS will be provided in my home.

In addition, by signing this Statement of Understanding, I am giving permission to a representative of the Division of Developmental Disabilities (DDD) to input and update my electronic application for HCBS certification. This permission will continue through the term of my certification unless revoked by me in writing.

Applicant's Name *(Last, First, M.I.) (Print or Type)*: _____

QuickConnect/HCBS Certification No.: _____

Applicant's Signature: _____ Date: _____

DDD Representative's Signature: _____ Date: _____

ADULT HOUSEHOLD MEMBERS RESIDING IN THE APPLICANT'S HOME

All persons age 18 and older who reside with the applicant must read and sign the statement of understanding below, if HCBS services will be provided in the home of the applicant. If no services are provided in the applicant's own home, other household members do not need to complete and sign this form.

I understand that _____, a person I reside with, is applying for a certification to provide home and commmunity based services. I understand that since I am age 18 or older and reside in the home, there will be a fingerprint check, a criminal record check, and a protective services record check (Adult Protectives Services and Child Protective Services Central Registries) completed on me.

HOUSEHOLD MEMBER #1

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____

See page 2 for EOE/ADA disclosures

HOUSEHOLD MEMBER #2

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____

HOUSEHOLD MEMBER #3

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____

HOUSEHOLD MEMBER #4

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____

HOUSEHOLD MEMBER #5

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____

HOUSEHOLD MEMBER #6

Adult's Name *(Print or Type)*: _____ Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth *(M/DD/YYYY)*: _____ Gender: ☐ Male ☐ Female

Signature: _____ Date: _____