

## GROUP HOME LICENSING INFORMATION

*Please accurately fill out this form to provide the **REQUIRED** Group Home information:*

<b>VENDOR NAME:</b>	<b># of OPEN HOMES:</b>
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#	GROUP HOME NAME	<u>AHCCCS ID #</u> <small>(Type "Submitted" if no # yet, but application was sent)</small>	<u>OLCR (HCBS)</u> <b>Status</b> <small>(Select from dropdown)</small>	<u>ACTIVE</u> <u>AZDHS</u> <b>License?</b>	<b>AZDHS</b> <b>EXPIRATION</b> <b>DATE</b> <small>(or type "Pending")</small>	<b>Fire</b> <b>Inspection</b> <b>EXPIRATION</b> <b>DATE</b>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6				<input type="checkbox"/> Yes <input type="checkbox"/> No		
7				<input type="checkbox"/> Yes <input type="checkbox"/> No		
8				<input type="checkbox"/> Yes <input type="checkbox"/> No		
9				<input type="checkbox"/> Yes <input type="checkbox"/> No		
10				<input type="checkbox"/> Yes <input type="checkbox"/> No		
11				<input type="checkbox"/> Yes <input type="checkbox"/> No		
12				<input type="checkbox"/> Yes <input type="checkbox"/> No		
13				<input type="checkbox"/> Yes <input type="checkbox"/> No		
14				<input type="checkbox"/> Yes <input type="checkbox"/> No		
15				<input type="checkbox"/> Yes <input type="checkbox"/> No		
16				<input type="checkbox"/> Yes <input type="checkbox"/> No		
17				<input type="checkbox"/> Yes <input type="checkbox"/> No		
18				<input type="checkbox"/> Yes <input type="checkbox"/> No		
19				<input type="checkbox"/> Yes <input type="checkbox"/> No		
20				<input type="checkbox"/> Yes <input type="checkbox"/> No		
21				<input type="checkbox"/> Yes <input type="checkbox"/> No		
22				<input type="checkbox"/> Yes <input type="checkbox"/> No		
23				<input type="checkbox"/> Yes <input type="checkbox"/> No		

***By signing, I hereby certify this information to be accurate and true.***

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_