# ARIZONA DEPARTMENT OF ECONOMIC SECURITY Child Care Administration

# **DIRECT SERVICE POSITION (Certification form)**

#### **Provider Contracts Unit**

#### EMPLOYERS: PLEASE RETAIN THIS FORM IN YOUR CONFIDENTIAL FILES. PLEASE DO NOT SUBMIT TO DES.

You are being provided this form because you have applied for a position that provides direct services to children of the Arizona Department of Economic Security (ADES). Arizona state law requires that all individuals who provide direct services to children certify whether an allegation of abuse or neglect was made against them and was substantiated. Your information, upon submission by your employer, will be searched through the Arizona Department of Child Safety (ADCS) Central Registry as well as the following local and national registries of any state in which you have resided in the previous five (5) years: Criminal and Sex Offender, Child Abuse and Neglect, National Crime Information Center (run by the FBI), FBI Fingerprint Check using Next Generation Identification, and National Sex Offender. All information contained on this form is confidential and will be retained as such by your employer.

| is conf  | idential an  | d will be retained as such by your employ   | er.   |           |        |
|--|--------------|---|---|-----------|--------|
| Last Name  |              |   | First Name  |           |        |
| Full Mi  | ddle Name    | e (No initials unless name is initial only)   |   |           |        |
| All Pre  | vious Nam    | es (such as maiden, prior marriages, nick names.)   |   |           |        |
| Sex  | Male         | Female Date of Birth  | Social Security NO:                                 |           |        |
| Currer   | nt Adress (/ | NO., Street, City, State, Zip Code):  |   |           |        |
|  | •            | ed in other state(s) in the past five (5) year complete the Direct Service Position Supplem |   | Yes       | No     |
|  | =            | ently the subject of an investigation of chil<br>Arizona or another state or jurisdiction?  | d abuse   | Yes       | No     |
| <ul> <li>Have you ever been the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?  If Yes, please answer the following questions. If you need additional space, please use the Direct Service Position Supplements.</li> </ul> |              |   |   |           | No     |
| When   | was/were     | the investigation(s) conducted?   |   |           |        |
| Where  | was/were     | the investigation(s) conducted?   |   |           |        |
| What   | was/were t   | he allegations? Do not include the name   | of any child or person involved in the investigatio | n.        |        |
| Direct   | Service P    | Position Supplement #2 attached   |   | Yes       | No     |
|  |              | STATEMENT O   | F CERTIFICATION                                     |           |        |
|  |              | form and any supplement(s), if applica<br>o the best of my knowledge and belief.            | ble, I certify that the information provided is     | true, cor | rrect, |
| Signat   | ure:         |   | Date:   |           |        |
|  |              |   |   |           |        |

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local

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|                        |             |

| Staff Name | Date of Birth |
|------------|---------------|
|            |               |

#### **DIRECT SERVICE POSITION SUPPLEMENT #1**

### **ADDITIONAL ADDRESS (ES)**

The Direct Service Position Supplement #1 is to be completed by individuals who have completed the Direct Service Position form and have indicated that they have resided in other state(s) in the past five years. The information provided will be used by the Employer to complete and submit the Request for Search for Background Checks form. This information is confidential and will be retained by the Employer as such with the exception that the Employer is required to attach it to the background check request identified above.

I certify that I have resided in other state(s) in the past five (5) years and that the required information is indicated below. It contains complete address(es) which include number, street, city, state, zip code and dates during which I resided there. Please print or type. have occurred) finding?

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| Staff Name Date of Birth |  |
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#### **DIRECT SERVICE POSITION SUPPLEMENT #2**

## Additional Information Regarding Substantiated Findings

The Direct Service Position Supplement #2 is to be used by individuals who have completed the Direct Service Position form and need additional space in order to answer the question in which they have indicated that they have been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding. This information will be retained by the Employer as confidential.

**CONTINUATION:** (Please print or type.)

What was/were the allegations(s)? Do not include the name of any child or any person involved in the investigation.