



As an ABA Provider
You are an
Independent Contractor

Therefore, it is
YOUR Responsibility to
Submit all Documents /
Data required by
Deadline dates

Provider Full Name: _____

Provider Signature: _____ Date: _____



Checklist

The following items must be completed and returned:

- Application Cover Sheet
- Availability & Location Sheet
- Criminal History Self Disclosure (***Signature page must be notarized – A.B.A Staff can help***)
- Independent Contractor Agreement
- Sole Proprietor Waiver
- W-9 Form
- I-9 Form (***Must show in person an item from list A, or an item from list B or C***)
- References (Three)
- Policies and Procedures with Confidentiality Form
- Transportation Declaration
- Vehicle Maintenance Document (If transporting clients)
- Direct Deposit Form (Optional)

Copies of the front and back of the following items will need to be submitted:

- Driver's License or State I.D.
- Social Security Card
- Fingerprint Clearance Card (A.B.A. Staff can help with this.)
- C.P.R. & First Aid Card (If needed, you can take the class with us in the clinic.)
- Article 9 Certificate (If needed, you can take the class with us in the clinic.)

Completed applications may be faxed to (480) 659-9044, emailed to Stan@abrighteravenue.org or dropped off at our administrative building, 2451 E. Baseline Rd, STE 300, Gilbert, AZ 85234. If eligible for hire, you will be contacted by office staff to schedule and complete an in-person interview.



Application Cover Sheet

Name: _____

Address: _____

City/State/Zip: _____

Major Cross Streets: _____

Primary Phone: _____ Email: _____

Birth Date: _____ Today's Date: _____ Over 18? Yes No

Education History:	Name of Institution	Years Attended	Did you graduate?	Subject Studied
High School:				
College:				
Trade/Bus School:				

Military Training? Yes No Details: _____

Employment History:

Company Name:	Employment Dates:	Pay Rate:
Reason for Leaving:		
Responsibilities:		
Company Name:	Employment Dates:	Pay Rate:
Reason for Leaving:		
Responsibilities:		



General Information:

Tell us about any special training or experience you have.

Signature: _____ Date: _____

(Optional) How did you hear about A Brighter Avenue?

This section is for Admin Use Only

Hire Date: _____

Starting Rates:

ECH: _____

HAB: _____

ATC: _____

RSP: _____



Availability & Location Sheet

Provider's Name: _____

Major Cross Streets: _____

Email Address: _____

Please indicate on the chart below the hours that you are available to work. Please note, if you are already working with a client, then please only place any additional hours that you are open to take on new clients.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Phone Number: _____

Any special scheduling or location information you would like us to know?

Do you speak Spanish? Yes or No

We will use this form to help guide you toward available clients that fit your schedule. Should your availability or location change, please submit an updated form so we can continue to best help you fill your schedule.

Future updates may be submitted via the "Fill My Schedule" link on our website:

www.abrighterave.com/provider

Admin Use Only: Please enter the date each class was completed

Article 9 = _____ CPR/First Aid: _____ ABA: _____



Direct Deposit Form

I, _____, would like to sign up for Direct Pay/Direct Deposit with A Brighter Avenue, LLC.

This is a (Check One Only Please)

- New request to begin Direct Pay/Direct Deposit
- Change of Account Number (This may take 1-2 pay periods to process.)
- Request to Cancel Direct Deposit and receive paper checks

Please type or write legibly:

Bank Routing Number: _____

Account Number: _____

Circle One: Checking Savings

Name as it appears on account: _____

Signature: _____ Date: _____

Once completed, please fax to (480) 237-9729 or email to Joni@abrighteravenue.org You may also send via mail to 2451 E Baseline Rd, STE 300, Gilbert, AZ 85234

Please note, it may take up to two weeks to set up your account with Direct Pay/Direct Deposit. Once your account is set up, you will begin receiving automatic payments. Until then, you will continue to receive a paper check. Please email Joni@abrighteravenue.org with any Direct Pay questions. Thank you!



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																							
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
Home and Community Based Services (HCBS)

REFERENCE REQUEST

APPLICANT

This reference request should be provided to a person who has personal knowledge about your employment history, education or character and can attest to your ability to provide services. Two references should be from former/current employers. References **CANNOT** be from family members. Please fill in your name below and give to the person you are requesting a reference from. **Instruct the person to mail this Reference Request back to the Division of Developmental Disabilities (DDD).**

APPLICANT'S NAME (Last, First, M.I.)

APPLICANT'S ADDRESS (No., Street, City, State, ZIP)

APPLICANT'S PHONE NO.

()

PERSON PROVIDING REFERENCE

Please complete the questions listed below keeping in mind that Home and Community Based Services (HCBS) may be performed unsupervised in the home of the person with developmental disabilities or in the residence/facility of the applicant. Your time and effort in completing this form is appreciated and strict confidentiality in regard to your responses will be observed within the provisions of the law.

This reference request **MUST** be returned to the HCBS local office listed on the reverse. If mailing, fold this form in half with the DES/DDD address on the outside, seal lower edge (**NO STAPLES**), attach stamp and mail.

PRINT PERSON'S NAME PROVIDING REFERENCE (Last, First, M.I.)

ADDRESS (No., Street, City, State, ZIP)

DAYTIME PHONE NO.

()

EVENING PHONE NO.

()

STATE THE LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT

Years: Months:

TYPE OF ACQUAINTANCE (Check all that apply)

Supervised applicant Worked with applicant Friend Neighbor Other:

INDICATE YOUR FEELINGS ON HOW YOU BELIEVE THE APPLICANT WILL RELATE TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. DESCRIBE YOUR KNOWLEDGE OF ANY CHARACTERISTICS AND/OR SPECIAL TRAINING/EDUCATION THAT THE APPLICANT MAY HAVE FOR WORKING WITH THESE INDIVIDUALS.

INDICATE IF YOU HAVE ANY REASON TO BELIEVE THAT THE APPLICANT WOULD NOT BE SUITED TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

IF THE APPLICANT WAS A FORMER EMPLOYEE, WOULD YOU REHIRE THIS PERSON?

No Yes N/A If no, why not?

ADDITIONAL COMMENTS WHICH WILL HELP IN EVALUATING THIS APPLICANT

PERSON'S SIGNATURE PROVIDING REFERENCE

DATE

FOR OFFICE USE ONLY

INTERVIEWED BY PHONE

No Yes

DATE

PRINT INTERVIEWER'S NAME (Last, First, M.I.)

INTERVIEWER'S SIGNATURE

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PERSON'S SIGNATURE PROVIDING REFERENCE

DATE

FOR OFFICE USE ONLY

INTERVIEWED BY PHONE

No Yes

DATE

PRINT INTERVIEWER'S NAME (Last, First, M.I.)

INTERVIEWER'S SIGNATURE

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
Home and Community Based Services (HCBS)

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FOR OFFICE USE ONLY

INTERVIEWED BY PHONE

No Yes

DATE

PRINT INTERVIEWER'S NAME (Last, First, M.I.)

INTERVIEWER'S SIGNATURE

CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

Be sure that you go over all five (5) pages of the self-disclosure affidavit.

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)
ADDRESS (No., Street, Apt. No., City, State, ZIP)	

Check one of the following and provide information as directed:

- I have not been convicted of nor am I under pending indictment for any crimes.
- I have been convicted of or I am under pending indictment for the following crime(s) (Provide dates, location/jurisdiction, circumstances and outcome. Attach additional pages as needed):

ALSO – Check one of the following:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

_____ Your Signature	_____ Date
-------------------------	---------------

Notary Public

State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____

_____ Commission Expiration date	_____ Notary Public's Signature
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Non-Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Homicide, including first or second-degree murder, manslaughter and negligent homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor or vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor or vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child prostitution as prescribed in A.R.S. § 13-3212 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Felony child neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Sexual conduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Molestation of a child or vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Dangerous crime against children as defined in A.R.S. § 13-705 |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exploitation of minors involving drug offenses |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206 |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Neglect or abuse of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sex trafficking |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Sexual abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502 |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506 |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01 |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512 |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Luring a minor for sexual exploitation |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Enticement of persons for purposes of prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Procurement by false pretenses of persons for purposes of prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Procuring or placing persons in a house of prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Receiving earnings of a prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Causing one's spouse to become a prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Detention of persons in a house of prostitution for debt |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Keeping or residing in a house of prostitution or employment in prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Pandering |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308 |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Transporting persons for the purpose of prostitution, polygamy and concubinage |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555 |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558 |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Any felony offense involving contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Unlawful sale or purchase of children |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Child bigamy |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than \$250, but less than \$1000 if the offense was committed before June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Felony indecent exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Felony public sexual indecency |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card. |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Terrorism |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Any offense involving a violent crime as defined in A.R.S. § 13-901.03 |

Appealable 5 Years After Conviction

The following **felony** offenses are non-appealable if committed within 5 years before the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section *within 5 years* of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the denial.

If the conviction was *more than 5 years* before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark "Within 5 Years," "Over 5 Years" or "No" as applicable.

WITHIN 5 YEARS	OVER 5 YEARS	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Endangerment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Threatening or intimidating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Unlawfully administrating intoxicating liquors, narcotic drugs or dangerous drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dangerous or deadly assault by prisoner or juvenile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prisoners who commit assault with intent to incite to riot or participate in riot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assault by vicious animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Drive by shooting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assaults on public safety employees or volunteers and state hospital employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Discharging a firearm at a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Prisoner assault with bodily fluids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Aiming a laser pointer at a peace officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Selling or giving nitrous oxide to underage persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Sale of regulated chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Production or transportation of marijuana
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Possession, manufacture, delivery and advertisement of drug paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of wire communication or electronic communication in drug-related transactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Using a building for sale or manufacture of dangerous or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Manufacture or distribution of prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Manufacture, distribution, possession, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Manufacture of certain substances and drugs by certain means

Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Theft |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Theft by extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Shoplifting |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Forgery |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Criminal possession of a forgery device |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Obtaining a signature by deception |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Criminal impersonation |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Theft of a credit card or obtaining a credit card by fraudulent means |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Receipt of anything of value obtained by fraudulent use of a credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Forgery of a credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Fraudulent use of a credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Possession of any machinery, plate or other contrivance or incomplete credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. False statements as to financial condition or identity to obtain a credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Fraud by persons authorized to provide goods or services |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Credit card record theft |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Misconduct involving weapons |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Misconduct involving explosives |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Depositing explosives |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Misconduct involving simulated explosives |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Concealed weapon violation |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Misdemeanor indecent exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Misdemeanor public sexual indecency |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Aggravated criminal damage |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Adding poison or other harmful substance to food, drink or medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. A criminal offense involving criminal trespass under Title 13, Chapter 15 |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. A criminal offense involving criminal burglary under Title 13, Chapter 15 |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Misdemeanor offenses involving child neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Misdemeanor offenses involving contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601 |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of \$250 but less than \$1000 and the offense was committed before June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Criminal damage |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818 |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Taking identity of another person or entity |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Aggravated taking identity of another person or entity |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Trafficking in the identity of another person or entity |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Cruelty to animals |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Prostitution as described in A.R.S. § 13-3214 |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513 |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Welfare fraud |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Robbery, aggravated robbery or armed robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Misdemeanor endangerment |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Misdemeanor threatening or intimidating |

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Misdemeanor assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Misdemeanor aggravated assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Misdemeanor dangerous or deadly assault by prisoner or juvenile |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Misdemeanor assault by vicious animals |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Misdemeanor drive-by shooting |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. Misdemeanor discharging a firearm at a structure |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Misdemeanor prisoner assault with bodily fluids |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. Misdemeanor aiming a laser pointer at a peace officer |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Misdemeanor possession and sale of peyote |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Misdemeanor selling or giving nitrous oxide to underage persons |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Misdemeanor sale of regulated chemicals |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Misdemeanor sale of precursor chemicals |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. Misdemeanor production or transportation of marijuana |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15 |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Misdemeanor involving or using minors in drug offenses |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone |
| <input type="checkbox"/> | <input type="checkbox"/> | 69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia |
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Misdemeanor use of wire communication or electronic communication in drug-related transactions |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. Misdemeanor manufacture or distribution of prescription-only drug |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 74. Misdemeanor manufacture of certain substances and drugs by certain means |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities

DIRECT SERVICE POSITION

You have applied for a position that provides direct services to children or vulnerable adults. Arizona Revised Statutes ([ARS § 8-804.I](#)) require you to certify, under penalty of perjury, whether an allegation of abuse or neglect was made against you and was substantiated. If your certification does not indicate a current investigation or a substantiated report of abuse or neglect, your employer may permit you to provide direct services pending the findings of a Central Registry Background Check by the Division of Developmental Disabilities. Your employer is required to keep this form and all information provided on it as confidential.

NAME (Last, First, M.I.)	SOC. SEC. NO.
ALIASES (Maiden, nicknames, etc.)	DATE OF BIRTH
ADDRESS (No., Street, City, State, ZIP)	

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?
 Yes No

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? Yes No

If Yes, to the question immediately above:

What was the allegation(s)?

When was the investigation(s) conducted?

Where was the investigation(s) conducted?

If you wish to provide additional information see Direct Service Position Supplement

STATEMENT OF CERTIFICATION

By signing this form, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE	DATE
-----------	------

Employers: Please maintain this form as confidential.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.

DIRECT SERVICE POSITION SUPPLEMENT

Explanation:

If you have 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, you may provide an explanation of the incident of child abuse or neglect. Do not include the name of any child or any person involved in the investigation. If more space is needed, please attach additional sheets.



Policies & Procedures with Confidentiality

Provider's Name: _____

I have read and completely understand A Brighter Avenue's Policies and Procedures.

I understand that I am an independent contractor, and that any breach of these policies will result in cancellation of my contract to work with A Brighter Avenue.

I have read and completely understand the importance of maintaining A Brighter Avenue's Confidentiality Policy.

I understand that there is a no tolerance policy and any breach of this Confidentiality policy will result in immediate cancellation of my contract to work with A Brighter Avenue.

Signature: _____

Date: _____

A.B.A.'s Policies & Procedures, including those regarding Confidentiality, may be reviewed online at any time at www.abrighteravenue.com/provider



Vehicle Maintenance Document

A.B.A. Emergency / After Hour Phone Number: (480) 430-6544

****This document will be completed by A.B.A Staff once vehicle is brought to our location****

Provider's Name: _____

I have reviewed the Vehicle Maintenance requirements listed below and have a copy of this document to keep in my vehicle for my reference. In addition to providing A.B.A. with copies of my current vehicle registration, vehicle insurance, and motor vehicle report with consent to release, I understand that my vehicle must meet each of the requirements listed below to transport a Member in my car.

- _____ Registration and Insurance are Current
- _____ Tires are not worn and are properly inflated
- _____ No leaks under the vehicle
- _____ All exterior and interior lights are in working order
- _____ Turn signals and Brake lights work properly
- _____ Windshield wipers work properly
- _____ All fluid levels are okay (oil, water, brake, power steering, etc.)
- _____ All seats are clean, stable, with working constraints
- _____ Air conditioning / Heater is working properly
- _____ Windows are clean with no cracks
- _____ Child Safety Seat(s) are in use, if applicable
- _____ First Aid Kit/Flashlight is in vehicle

I understand this is a Safety Issue and there is a "No Tolerance" policy. I understand my failure to maintain my vehicle to each of these standards listed above while transporting a Member will result in immediate cancellation of my contract to work with A Brighter Avenue.

Provider's Signature: _____ Date: _____

Management Initials: _____



Risk Management Division

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, AND UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES.

IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY (INCLUDING SINGLE MEMBER LLC), PARTNERSHIP, OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, **A.R.S. § 23-901** (et. seq.), and specifically, **A.R.S. § 23-961(M)**, that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as **Name Of Sole Proprietor's Business**. I am performing work as an independent contractor for the State of Arizona, **Enter State Agency, Department And/Or Division**, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, **Enter State Agency, Department And/Or Division**. **I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.**

Name of Sole Proprietor: _____		
Telephone Number: (_____) _____ - _____		
Street Address / P. O. Box: _____		
City: _____	State: _____	ZIP Code: _____
Signature of Sole Proprietor: _____		Date: _____

State Agency: _____		Agency #: _____
Signature of Agency Contract Administrator: _____		Date: _____
Contract Identification: _____		

Both signatures must be signed and the completed form submitted to: State of Arizona, Department of Administration, Risk Management Division, Insurance Unit, 100 North 15th Avenue, Suite #301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Signature of Risk Management Authorized Signer Date



Independent Contractor Agreement

This Independent Contractor Agreement ("Agreement") is made and entered into in Arizona, by and between A Brighter Avenue, L.L.C. ("A.B.A." or "Company"), an Arizona limited liability company, and _____, an Independent Contractor ("Contractor" or "Provider").

The Company and Provider hereby contract for Provider to perform one or more of the following services: Habilitation, Respite, and/or Attendant Care, ("Services") in a professional manner and under the following terms and conditions, which are hereby mutually agreed upon:

1. **Term of Agreement:** This agreement shall be effective on _____, 20____ and continue for an indefinite period, unless either party terminates this Agreement.
 - (!) Either party may terminate this Agreement upon ten (10) days' written notice.
 - (!) The Company may terminate this Agreement without notice in the event that Provider breaches any material provision of this Agreement, commits a felonious act, or otherwise acts in a manner that is materially harmful to the business interests or reputation of A.B.A.
 - (!) Upon termination of this Agreement, the Company shall have no further obligations to the Provider other than for payment of any earned and undisputed yet unpaid compensation for services performed prior to the date of termination.
2. **Provider's Services:** During the term of this agreement, A.B.A. desires that the Provider perform, and the Provider agrees to perform, the Services named above.
 - (!) Provider shall devote such business time as necessary or desirable and Provider understands that A.B.A. makes no assurances regarding the number of clients or hours that Provider will receive.
 - (!) Should Provider's Services require that he/she become a Transporting Provider, he/she agrees to maintain his/her personal vehicle, including registration and insurance, at his/her own expense.
3. **Relationship of the Parties:** It is expressly understood by the parties that the Provider is an independent contractor in the performance of each and every part of this Agreement and that nothing in this Agreement is intended, or shall be construed, to denote or designate the Provider as an employee, agent, partner, or joint venture of A.B.A.
 - (!) Although A.B.A. will communicate with the Provider the scope of any specified project and the desired outcome, the parties understand that A.B.A. does not control the manner or method by which the Provider performs the services. The Provider has sole control over these aspects of the Services performed given that the manner and method utilized complies with the generally accepted practices of the industry.
 - (!) The parties expressly understand and agree that as an independent contractor, the Provider is free to set his/her own schedule, decline clients presented by A.B.A., and perform or continue to perform services for entities other than A.B.A.
4. **Compensation:** Provider shall be paid at an agreed upon rate per hour for time spent providing services.
 - (!) Provider may invoice A.B.A. at intervals of Provider's choosing, however, Provider understands that A.B.A. processes paperwork and pays twice per month and will compensate accordingly.
 - (!) Payments made to Provider by A.B.A. will be reported on IRS form 1099.
 - (!) As an independent contractor, Provider shall be solely responsible for all requisites of employment for himself/herself, including, without limitation, liability, health or disability insurance, retirement benefits or other welfare or pension benefits, workers' compensation insurance, unemployment insurance, withholding and payment of all federal and state income taxes, social security, and Medicare taxes.



5. No Eligibility for Employee Benefits: Provider understands that he/she is an independent contractor and, as such, neither he/she nor any dependent or other individual claiming through Provider will be eligible to participate in, or receive benefits under, any employee benefit plans, programs, or arrangements of A.B.A.
6. Indemnification: Provider hereby agrees to indemnify and hold the Company, its subsidiaries and other affiliates, and all of their respective shareholders, directors, officers, employees, agents, successors and assigns, harmless from any and all liabilities, injuries, losses, and/or claims out of any action or omission of Provider or any employee or agent of Provider including, without limitation, damages to any person or property, attorneys' fees and costs, and all losses or claims arising out of any failure to comply with applicable laws, including timely reporting and payment of any business and occupation income or self-employment taxes, and other state or federal assessments.
7. Confidential Information and Related Matters: Provider agrees to abide by A.B.A.'s written Policies and Procedures regarding Client Confidentiality.

(!) Soliciting clients: Provider agrees that during the term of his/her work for A B.A. under this Agreement and for a period of eight (8) months thereafter, he/she will not solicit business from anyone who was a client of A.B.A. within one year prior to termination of this Agreement, nor to anyone who was a prospective client of A.B.A. within six months of termination.

(!) Soliciting providers: Provider agrees that during the term of his/her work for AB.A. under this Agreement and for a period of eight (8) months thereafter, he/she will not induce or attempt to induce anyone who is or was an employee, consultant, contractor or provider of A.B.A to accept other work in any capacity in competition with AB.A.

IN WITNESS WHEREOF, Provider and a duly authorized representative of A Brighter Avenue, L.L.C. hereto have caused this Agreement to be executed as of this day of _____ 20____.

Independent Contractor

Signature: _____

Printed Name: _____

A Brighter Avenue Staff:

Signature: _____

Printed Name: _____

Title: _____



Transportation Declaration

As a provider for A Brighter Avenue, you must decide whether you'd like to be a Transporting Provider (meaning you will become certified to drive your client(s) in your person vehicle) or a Non-Transporting Provider (meaning you will not).

Most of our providers are Non-Transporting, as we intend for services to be provided in the client's home. In some instances, however, transporting may be required or requested. If you client's family feels that transporting is necessary to take him/her to and from other therapies or if being out in the community is part of his/her goals, you may need to drive your client, in which case you **MUST** become certified to transport.

Transporting Provider Requirements:

Should you choose to become certified to transport, you will need to do the following:

- Submit a copy of current vehicle registration
- Submit a copy of current vehicle insurance
- Obtain and submit a copy of your Motor Vehicle Report from the DMV or give A Brighter Avenue consent to obtain one
- Bring your vehicle to be inspected by A Brighter Avenue staff

Non-Transporting Provider Requirements:

Should you choose not to transport, you will need to do the following:

- Sign below under "Non-Transporting Provider"

Please note, you may start out as a Non-Transporting Provider and become a Transporting Provider later if/when your client's needs change. If this becomes the case, you **MUST** complete all the "Transporting Provider Requirements" listed above **BEFORE** any transporting occurs.

Please select whether you intend to be a Transporting or Non-Transporting Provider, and sign **only once** in the appropriate space.

- I elect to become a Transporting Provider

By checking this box and signing below, I understand that I must submit all "Transporting Provider Requirements." I certify that I will not transport any client(s) in my vehicle until all items have been submitted and I have been approved to transport by A Brighter Avenue staff.

Signature: _____ Date: _____

Office Use Only – Approval Date: _____

- I elect to become a Non-Transporting Provider

By checking this box and signing below, I certify that I will not transport any client(s) in my vehicle. I understand that should I choose to transport in the future, I must first complete all the "Transporting Provider Requirements" and approved to transport by A Brighter Avenue staff.

Signature: _____ Date: _____