ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Child Care Group Home
Initial Fee Application Form

BUREAU OF CHILD CARE LICENSING

Name of Child Care Group Home:	SGH#:

PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT

Application Fee	**Application Fee Reduction:** Check the box below if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program.
☐ 1-10 licensed capacity $1,000 Pursuant to R9-3-201	☐ Empower Pack Program fee reduction - $500 To register and for more information regarding the program, go to www.theempowerpack.org or call your local licensing office.

FEES DUE	
1. Application Fee	$
2. Less Empower Pack Fee Reduction (if fee reduction box above is checked)	- $
3. Less any amount already paid (do not count any payments returned to you by the Department)	- $
4. Net Amount Due	= $

Payment by cashier's check, money order or business check can made payable to:
Arizona Department of Health Services
(Cash and personal checks are not accepted.)

Write the facility license number on the check or money order (if applicable).

Mail payment to the Department at:
150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007

AMOUNT ENCLOSED	$

BCCL USE ONLY	**Verify EP:**	**Date Fee Rec'd:**	**Amount:**	**Check Number:**	**Received by Initials:**	**LS:**

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-1077.

***All fees submitted to the Department are subject to review and adjustment due to information provided by the Departmental inspection.**

AMS Data Entry _____