



DIRECT SERVICE PERSON INFORMATION

NAME OF DIRECT SERVICE PERSON

Provider/Direct Care Worker
TITLE OF POSITION

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

FACILITY INFORMATION

 Arion Care Solutions, LLC
FACILITY NAME

 3200 N. Dobson Rd, Ste F2
FACILITY ADDRESS

 Chandler
CITY

 AZ
STATE

 85224
ZIP CODE

 Maricopa
COUNTY

A.R.S. §41-1758.03(B) and (D) Attestation:

I hereby attest and certify that I:

- a) Am not subject to registration as a sex offender in this state or any other jurisdiction: and
- b) Have never been awaiting trial on or convicted of and am not awaiting trial on any charges of committing or attempting, soliciting, facilitating or conspiring on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction.

OFFENSE	INITIALS	OFFENSE	INITIALS	OFFENSE	INITIALS
Incest		Molestation of a vulnerable adult		Enticement of persons for purposes of prostitution	
First or second-degree murder		A dangerous crime against children as defined in A.R.S. §13-705		Procurement by false pretenses of person for purposes of prostitution	

OFFENSE	INITIALS	OFFENSE	INITIALS	OFFENSE	INITIALS
Sexual assault		Exploitation of minors involving drug offenses		Procuring or placing persons in a house of prostitution	
Incest		Molestation of a vulnerable adult		Enticement of persons for purposes of prostitution	
First or second-degree murder		A dangerous crime against children as defined in A.R.S. §13-705		Procurement by false pretenses of person for purposes of prostitution	
Sexual assault		Exploitation of minors involving drug offenses		Procuring or placing persons in a house of prostitution	
Sexual exploitation of a minor		Taking a child for the purpose of prostitution as prescribed in A.R.S. §13-3206		Receiving earnings of a prostitute	
Sexual exploitation of a vulnerable adult		Neglect or abuse of a vulnerable adult		Causing one's spouse to become a prostitute	
Commercial sexual exploitation of a minor		Sex trafficking		Detention of persons in a house of prostitution for debt	
Commercial sexual exploitation of a vulnerable adult		Sexual abuse		Keeping or residing in a house of prostitution or employment in prostitution	

Applicant Name (Print): _____



OFFENSE	INITIALS	OFFENSE	INITIALS	OFFENSE	INITIALS
Child prostitution as prescribed in A.R.S. §13-3212		Production, publication sale, possession and presentation of obscene items as prescribed in A.R.S. §13-3502		Pandering	

PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT REQUIREMENTS

OFFENSE	INITIALS	OFFENSE	INITIALS	OFFENSE	INITIALS
Abuse of a vulnerable adult		Furnishing harmful items to minors as prescribed in A.R.S. §13-3506		Furnishing harmful items to minors as prescribed in A.R.S. §13-3506	
Sexual conduct with a minor		Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. §13-3512		Admitting minors to public displays of sexual conduct as prescribed in A.R.S. §13-3558	
Unlawful sale or purchase of children		Child bigamy		Trafficking of persons for forced labor or services.	

Applicant Name (Print): _____



NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

APPLICANT'S PRINTED NAME _____

APPLICANT'S SIGNATURE _____

STATE OF ARIZONA, COUNTY OF _____

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20 _____

DATE COMMISSION EXPIRES _____

NOTARY REPUBLIC _____