



CITY OF PHOENIX
Human Services Department

HUMAN SERVICES APPLICATION INDIVIDUAL The city desires to engage qualified Offerors to provide therapeutic services to the victims of domestic violence, and sexual assault, family members of homicide victims, and other clients of the Victim Services Division. To qualify, offerors must be licensed by the State of Arizona Board of Psychologists Examiners or Board of Behavioral Health Examiners and have a physical office in the city of Phoenix. **Completed applications must be submitted to: hsd.procurment@phoenix.gov.**

INSTRUCTIONS: Please print. Fill in all spaces. Be accurate and complete.

LAST NAME		FIRST NAME	
PRACTICE NAME		LEVEL OF EDUCATION/LICENSURE	
ADDRESS:	SUITE #:	CITY:	ZIP:
OFFICE PHONE:	EMAIL ADDRESS		
AREA OF SPECIALTY (IF ANY)	LICENSE Numbers		
Licensed by: (Check One)	<input type="checkbox"/> Arizona Board of Behavioral Health Examiners <input type="checkbox"/> Arizona Board of Psychologist Examiners		

Have you ever been found guilty of, pled guilty to, pled no contest to, been convicted of, paid a fine for, served probation for, or served any type of sentence for any crime or offense (whether misdemeanor or felony), including any offenses which may have been vacated or expunged? Include any convictions by military trial and any criminal charges for which you are awaiting trial. You are not required to include any minor traffic violations or juvenile offenses. NOTE: DUI and Reckless Driving are not minor violations and must be disclosed. *

Yes _____ No _____. If YES, give details (dates, charges, dispositions, sentence received, etc.)

*Answering yes to the above question does not automatically exclude you from consideration. Relevance of the information to the assignment will be considered. However, failure to completely disclose all information may prevent your selection or result in termination of your services. Any service will be contingent upon satisfactory background check, including submittal of your fingerprints to appropriate law enforcement agencies for verification.

I certify that all information contained herein is true to the best of my knowledge. I consent to having a background history check, which may include fingerprinting. I understand that all omissions or misstatements may result in termination of my services. I will keep the Human Services Department advised of changes in my address and/or phone numbers or status.

Applicant Signature _____ Date _____

Print Name _____

To request a reasonable accommodation or this publication in an alternative format call (602) 262-6862 (voice) or (602) 262-6713 (TTY) (602) 534-3787 (FAX). E-mail: Receptionist.PKS@phoenix.gov. The City of Phoenix prohibits discrimination on the basis of race, ethnicity, national origin, sex, religion, age, sexual orientation, or disability in its services, programs, and activities. Anyone who believes he or she has been discriminated against may file a complaint with the City of Phoenix Equal Opportunity Department. Rev. 12-19-23

**HUMAN SERVICES CONTRACTOR INFORMATION AND
EMPLOYEES/ADDITIONAL INSTRUCTORS/PERFORMERS**

INSTRUCTIONS: Clearly identify all your information and employees/additional instructors/performers who will be assisting on this contract.

Name and/or Practice Name:
Owner(s) Name:
Address:
Contact Number(s):
Email:

Print list of Employees/Partners or Associates who will be providing direct services under this contract (*Duplicate this page if you have more than four persons who will be assisting on this contract*):

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

AFFIDAVIT OF LAWFUL PRESENCE

Instructions: Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502 if you are a sole proprietor. This law does not apply to fictitious entities such as corporations, partnerships, and limited liability companies.

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. **(select one category only)**

- Arizona driver license issued after 1996.**
Print first four numbers/letters from license:

--	--	--	--
- Arizona non-operating identification license.**
Print first four numbers/letters:

--	--	--	--
- Birth certificate or delayed birth certificate issued in any state, territory, or possession of the U.S.**
Year of birth: _____; Place of birth: _____
- United States Certificate of Birth Abroad.**
Year of birth: _____; Place of birth: _____
- United States Passport.**
Print first four numbers/letters on Passport:

--	--	--	--
- Foreign Passport with United States Visa.**
Print first four numbers/letters on Passport:

--	--	--	--

Print first four numbers/letters on Visa:

--	--	--	--
- I-94 Form with a photograph.**
Print first four numbers on I-94:

--	--	--	--
- USCIS Employment Authorization Document (EAD).**
Print first four numbers/letters on EAD:

--	--	--	--

or Perm. Resident Card (acceptable alternative):

--	--	--	--
- Refugee Travel Document.**
Date of issuance: _____; Refugee country: _____
- U.S. Certificate of Naturalization.**
Print first four digits of CIS Reg. No.:

--	--	--	--
- U.S. Certificate of Citizenship.**
Date of issuance: _____; Place of issuance: _____
- Tribal Certificate of Indian Blood.**
Date of issuance: _____; Name of tribe: _____
- Tribal or Bureau of Indian Affairs Affidavit of Birth.**
Year of birth: _____; Place of birth: _____

Signed: _____ Dated: _____

Office Use Only	Employee Name:	Ref. No.:
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		