

## **Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, a supplemental application as required in 9 A.A.C. 10, Article 16 R9-10-1602 and 9 A.A.C. 10, Article 18 R9-10-1802.

### **R9-10-1602 Behavioral Health Respite Home**

Name of the Behavioral Health Respite Home's Collaborating Health Care Institution:		
Address:		
City:	State:	Zip Code:
Class or Subclass:		License number:
Name of an Individual Assigned by the Collaborating Health Care Institution to Monitor the Behavioral Health Respite Home:		
Address:		
City:	State:	Zip Code:
Phone Number:		

### **R9-10-1802 Adult Behavioral Health Therapeutic Home**

Name of the Backup Provider:		
Name of the Adult Behavioral Therapeutic Home's Collaborating Health Care Institution:		
Address:		
City:	State:	Zip Code:
Class or subclass:		License number:
Name of an Individual Assigned by the Collaborating Health Care Institution to Monitor the Adult Behavioral Health Therapeutic Home:		
Address:		
City:	State:	Zip Code:
Phone Number:		