

ARISE Provider Portal – Applying for a Group/Family Home License

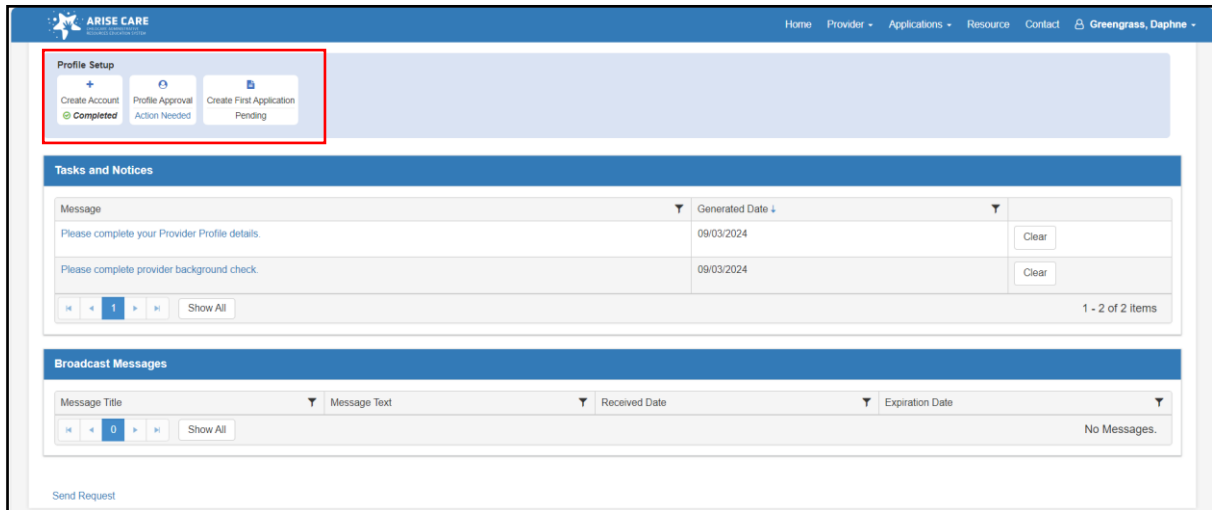
Once Provider's register on the Provider Portal, they can apply for a license or exemption, as per their provider type, using the portal.

How to apply for a group/family home license on the Arise Provider Portal?

The following is a quick step-by-step guide to begin and submit your licensing application for a group or family home childcare facility!

Following the standard registration process, ensure that you select either 'Group Home' or 'Family Home' as per your requirement, when registering as a Provider (please refer to the Quick Reference Guide on Registration or to the Provider User Manual for further details on this).

Once you have completed the registration, having selected the appropriate provider type, logging in using your registered account will lead to the following landing page:



The screenshot shows the ARISE Provider Portal landing page. At the top, there is a navigation bar with links: Home, Provider, Applications, Resource, Contact, and a user profile dropdown for 'Greengrass, Daphne'. Below the navigation bar is a 'Profile Setup' section with three steps: 'Create Account' (Completed), 'Profile Approval' (Action Needed), and 'Create First Application' (Pending). Below this is a 'Tasks and Notices' section with two messages: 'Please complete your Provider Profile details.' and 'Please complete provider background check.', both dated 09/03/2024. At the bottom is a 'Broadcast Messages' section showing 'No Messages.'

Figure 1: Landing page

The landing page is the first page that you see when you log in to the provider portal. This is the screen where you will be able to see your progress, receive notices and messages, and complete the steps required to submit your application.

On the landing page, you will see an application wizard at the top, containing a set of steps. These are the various steps to be completed when submitting your license application.

The process begins as follows:

1. Complete Provider Profile
2. Create First License Application

After these two steps have been completed, you will be able to proceed with the rest of the licensing process once your application has been accepted.

Step One: Provider Profile

How to Complete Provider Profile?

1. Click on the 'Action Needed' link under the 'Profile Approval' step in the application wizard, to be directed to the following page:

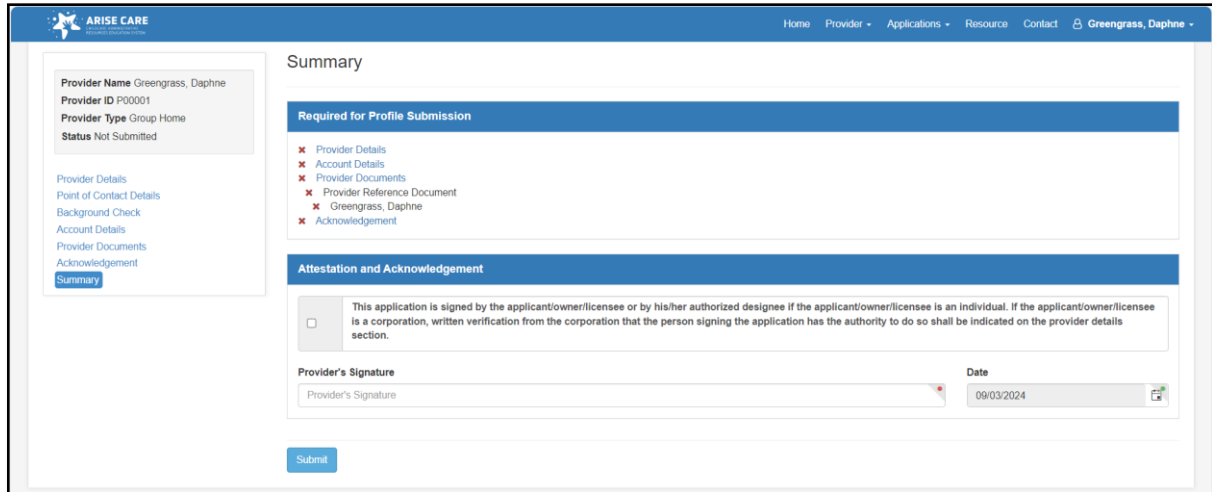


Figure 2: Summary Page

The Summary Page depicts a list of actionable items that must be completed in order to finish your profile.

You may click on each item on the list OR use the navigation pane on the left.

2. First click on 'Provider Details' on the left to be taken to the following page:

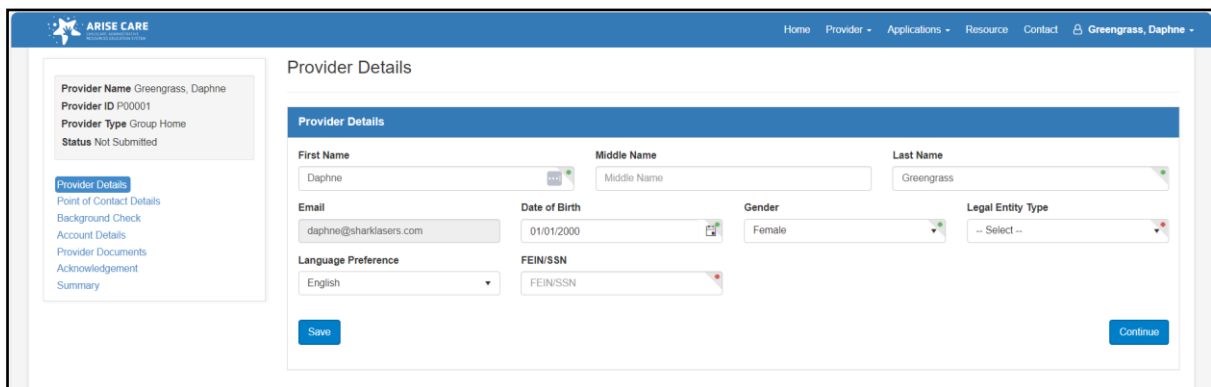


Figure 3: Provider Details

3. On this page, double-check all mandatory details that have been filled in based on your earlier responses during registration.
4. Fill in any additional mandatory information (marked by a red asterisk at the top right corner of the respective fields).
5. Click on 'save' once all details have been checked/filled.
6. To proceed, click on the 'Continue' button on the bottom right of the page

OR

Click on 'Point of Contact Details' on the left navigation pane to be redirected to the following page:

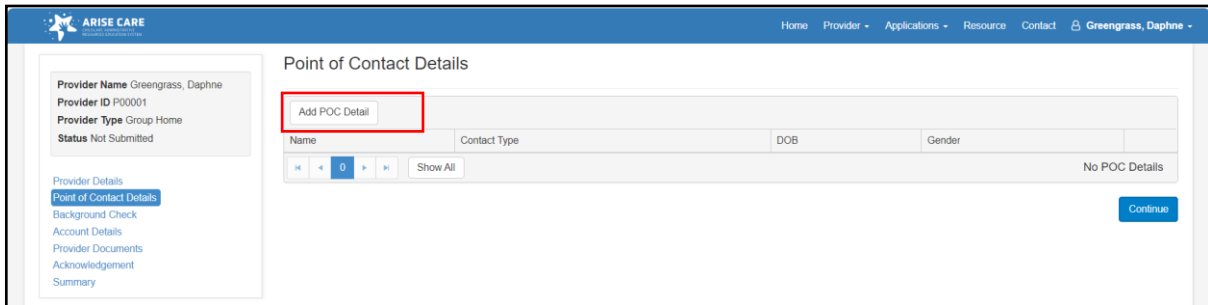


Figure 4: Point of Contact Details Grid

To add point of contact details:

1. Click on the 'Add POC Detail' button on the grid (refer to Figure 4), to be redirected to the following form:

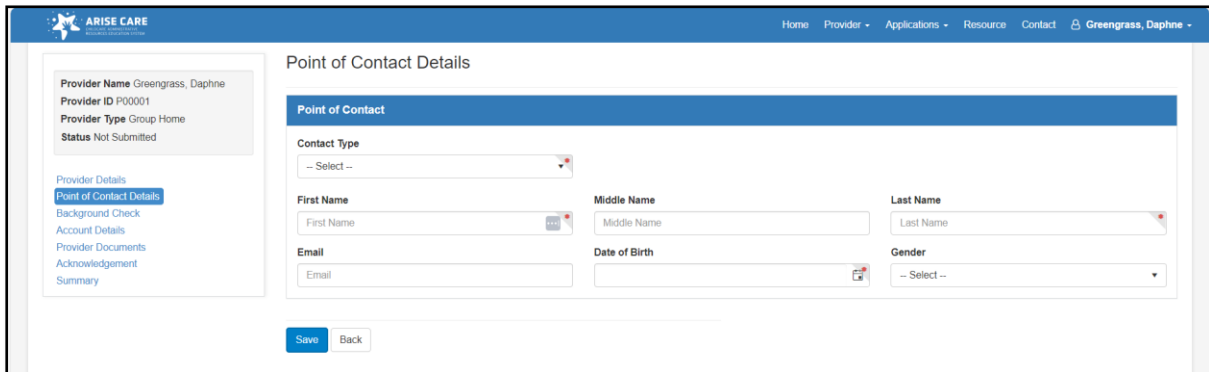


Figure 5: Point of Contact Details Form

2. Add all mandatory details
3. Click on 'Save' to save your information and be directed back to the Point of Contact Details Grid (Figure 4)
4. Click on the 'Continue' button on the bottom right of the page

OR

Click on 'Background Check' on the left navigation pane to be redirected to the following page:

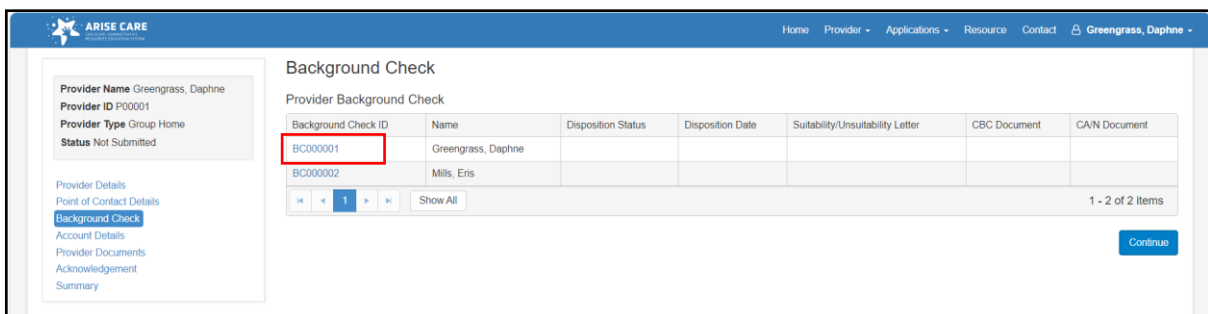
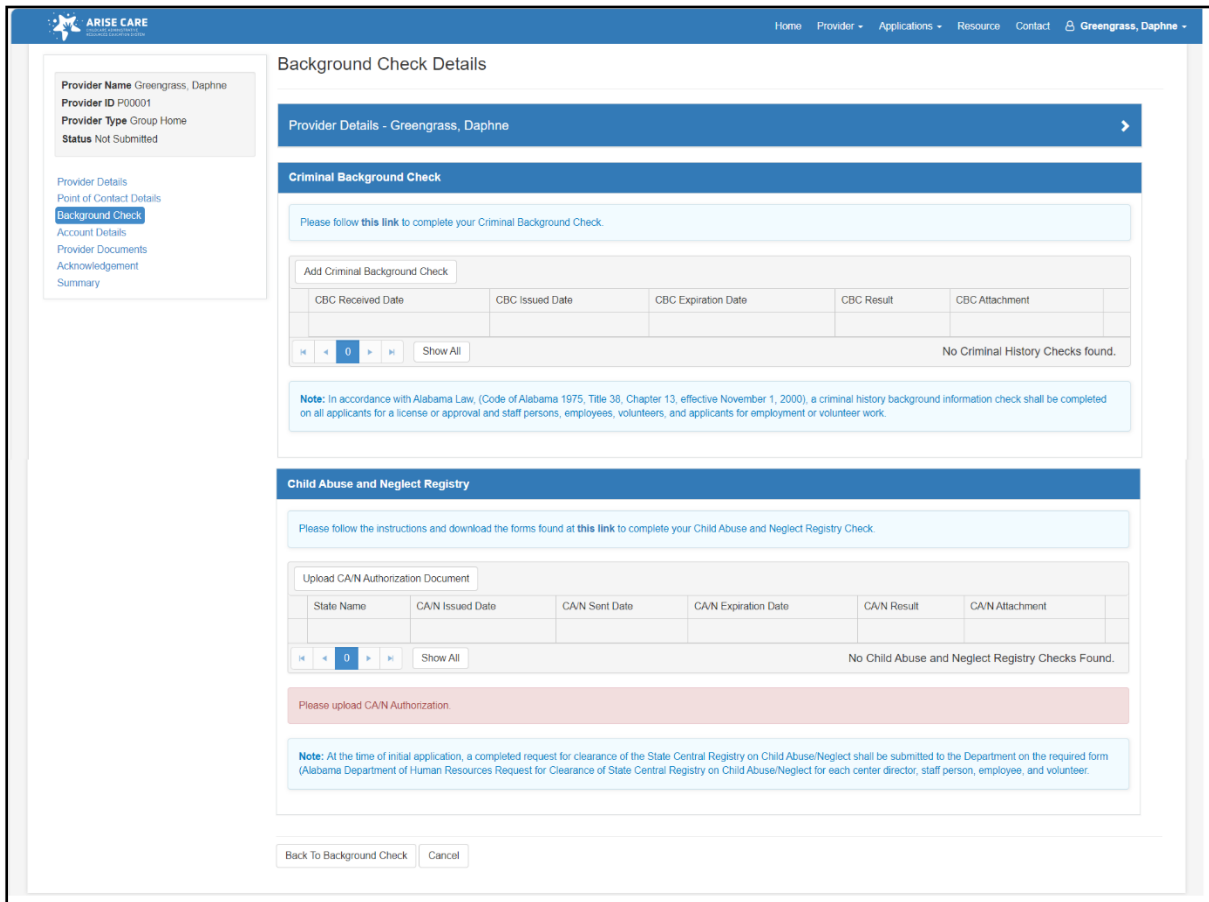


Figure 6: Background Check

- On this page, click on the background check ID to be redirected to the Background Check Summary Page:

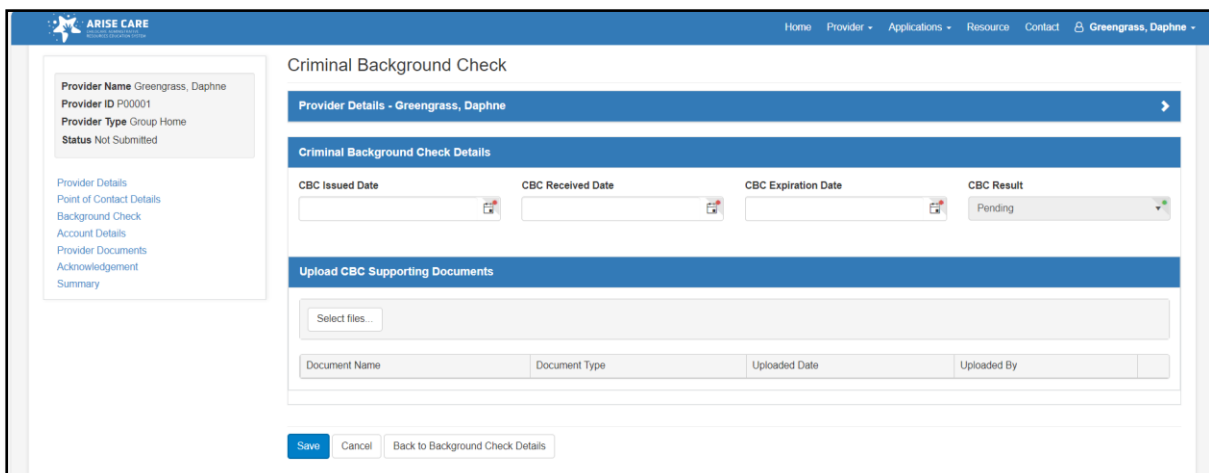


The screenshot shows the 'Background Check Details' page for Greengrass, Daphne. The left sidebar contains a menu with 'Background Check' highlighted. The main content area has a header 'Background Check Details' and a sub-header 'Provider Details - Greengrass, Daphne'. Below this is a section for 'Criminal Background Check' with a message: 'Please follow this link to complete your Criminal Background Check.' A table titled 'Add Criminal Background Check' shows columns for CBC Received Date, CBC Issued Date, CBC Expiration Date, CBC Result, and CBC Attachment. The table is currently empty, and a message below it states 'No Criminal History Checks found.' A note at the bottom of this section states: 'Note: In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.' Below this is a section for 'Child Abuse and Neglect Registry' with a message: 'Please follow the instructions and download the forms found at this link to complete your Child Abuse and Neglect Registry Check.' A table titled 'Upload CA/N Authorization Document' shows columns for State Name, CA/N Issued Date, CA/N Sent Date, CA/N Expiration Date, CA/N Result, and CA/N Attachment. The table is currently empty, and a message below it states 'No Child Abuse and Neglect Registry Checks Found.' A note at the bottom of this section states: 'Note: At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.' At the bottom of the page are buttons for 'Back To Background Check' and 'Cancel'.

Figure 7: Background Check Summary Page

Here, you are expected to fill in the 'Criminal Background Check' and the 'Child Abuse and Neglect Registry', forms.

- To complete these sections, first click on 'Add Criminal Background Check' to be redirected to the following page:

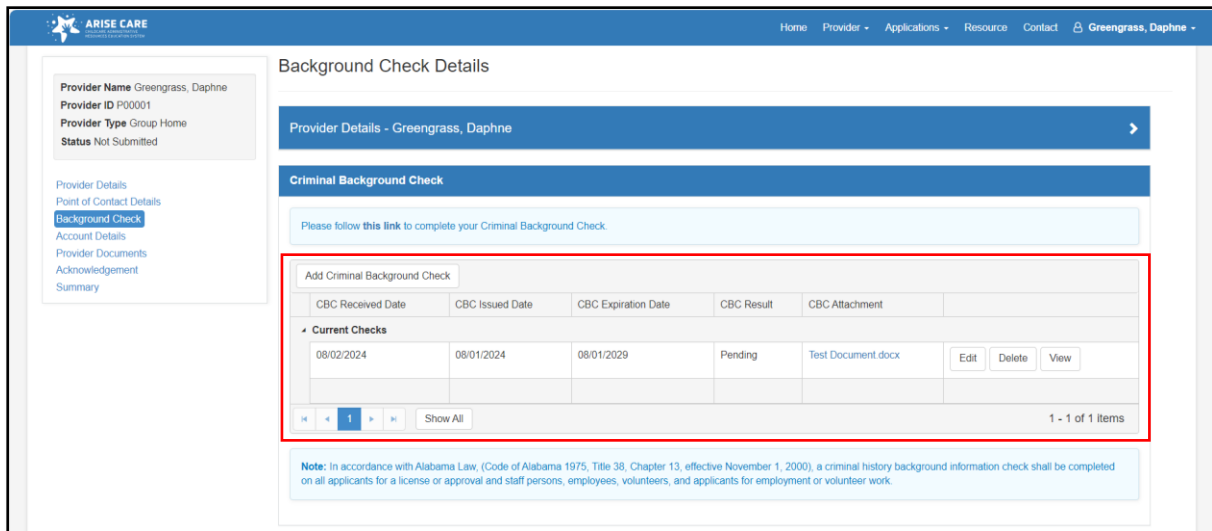


The screenshot shows the 'Criminal Background Check' page for Greengrass, Daphne. The left sidebar contains a menu with 'Background Check' highlighted. The main content area has a header 'Criminal Background Check' and a sub-header 'Provider Details - Greengrass, Daphne'. Below this is a section for 'Criminal Background Check Details' with fields for CBC Issued Date, CBC Received Date, CBC Expiration Date, and CBC Result (set to 'Pending'). Below this is a section for 'Upload CBC Supporting Documents' with a 'Select files...' button and a table with columns for Document Name, Document Type, Uploaded Date, and Uploaded By. At the bottom of the page are buttons for 'Save', 'Cancel', and 'Back to Background Check Details'.

Figure 8: Criminal Background Check

9. On this page, fill in all mandatory details and click 'save' to proceed (please refer to the complete Provider Portal User Guide for further guidance on how to fill in mandatory details).
10. Ensure that you upload relevant documents as well (if any).
11. Click on 'Back to Background Check' to return to the Background Check Summary Page (Figure 7).

This time, you will see that the Criminal Background Check grid has been filled in with the details you had provided.



Background Check Details

Provider Name: Greengrass, Daphne
 Provider ID: P00001
 Provider Type: Group Home
 Status: Not Submitted

Criminal Background Check

Please follow this link to complete your Criminal Background Check.

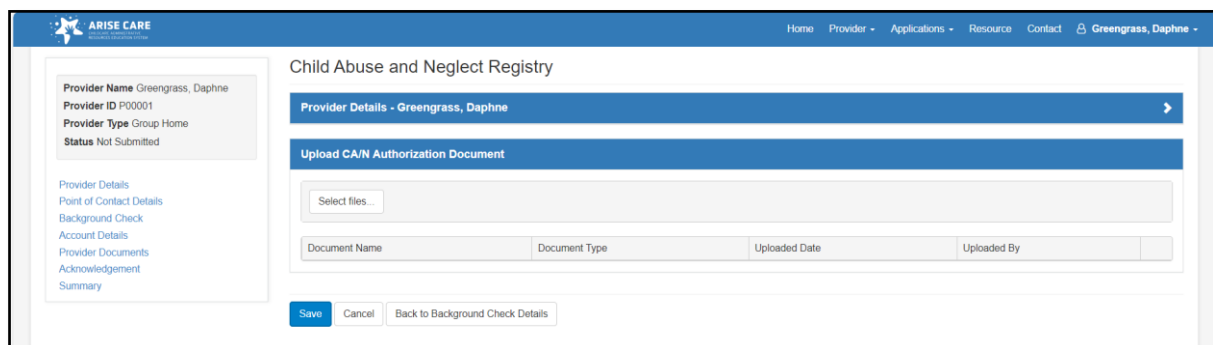
CBC Received Date	CBC Issued Date	CBC Expiration Date	CBC Result	CBC Attachment	
08/02/2024	08/01/2024	08/01/2029	Pending	Test Document.docx	Edit Delete View

Note: In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

Figure 9: Filled in Criminal Background Check

To proceed to the next step of the background check:

12. Click on 'CA/N Authorization Document' (refer to Figure 7) to be redirected to the following screen:



Child Abuse and Neglect Registry

Provider Name: Greengrass, Daphne
 Provider ID: P00001
 Provider Type: Group Home
 Status: Not Submitted

Upload CA/N Authorization Document

Select files...

Document Name	Document Type	Uploaded Date	Uploaded By
---------------	---------------	---------------	-------------

Save Cancel Back to Background Check Details

Figure 10: Child Abuse and Neglect Registry

13. On this page, upload the required document and click 'save' to proceed
14. Click on 'Back to Background Check' to return to the Background Check Summary Page (Figure 7).
15. Click on the 'Submit' button that now appears:



Submit Back To Background Check Cancel

Figure 11: Submit Button

16. Repeat the background check completion process described above for the provider as well as point of contact (as displayed on the background check grid)

To proceed:

1. Click on the next section on the navigation pane – Account Details.

This action will direct you to the following page:

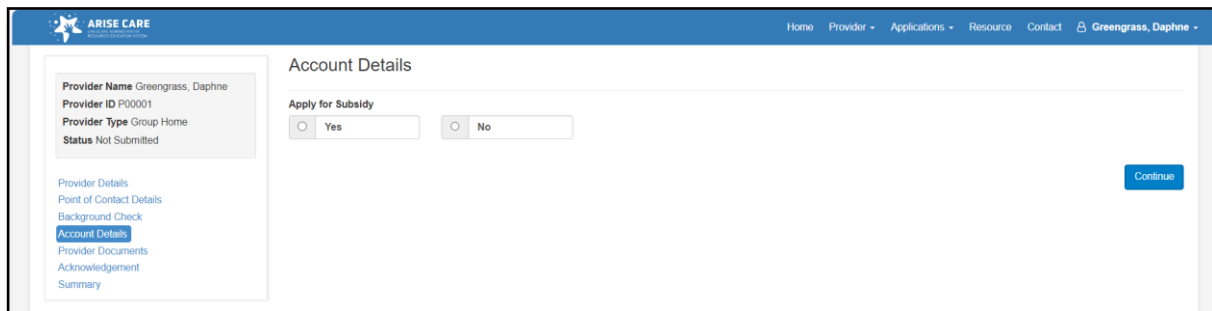


Figure 12: Account Details Page

On this page, you will see options regarding whether you would like to apply for a subsidy as well, or not. Select the appropriate option to proceed and fill in any additional details based on whether your response is 'yes' or 'no'.

Please refer to the Quick Reference Guide on applying for a provider subsidy, or to the full Provider Portal manual for further details on how to fill in this section.

Once this section has been completed, you may move on to the next section on the navigation pane – Provider Documents.

To proceed:

2. Click on the 'Provider Documents' link to move on to the following screen:

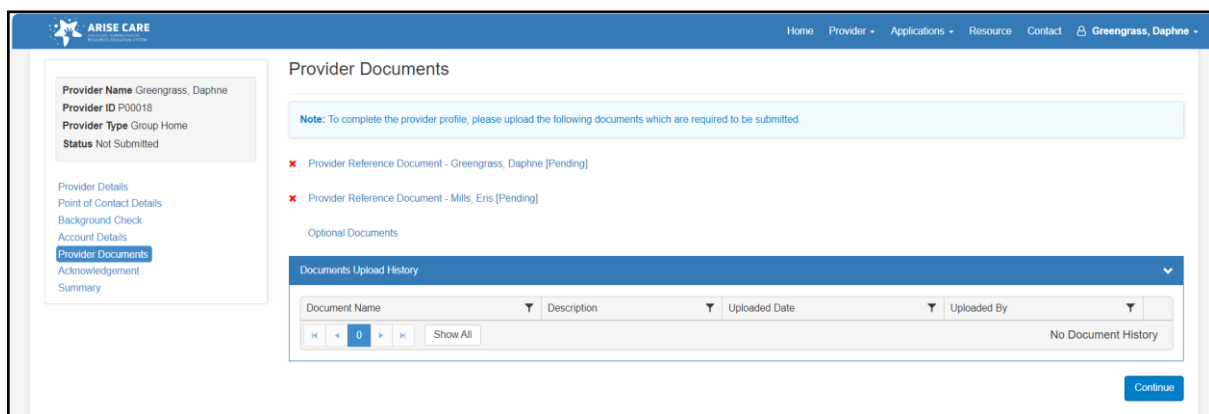
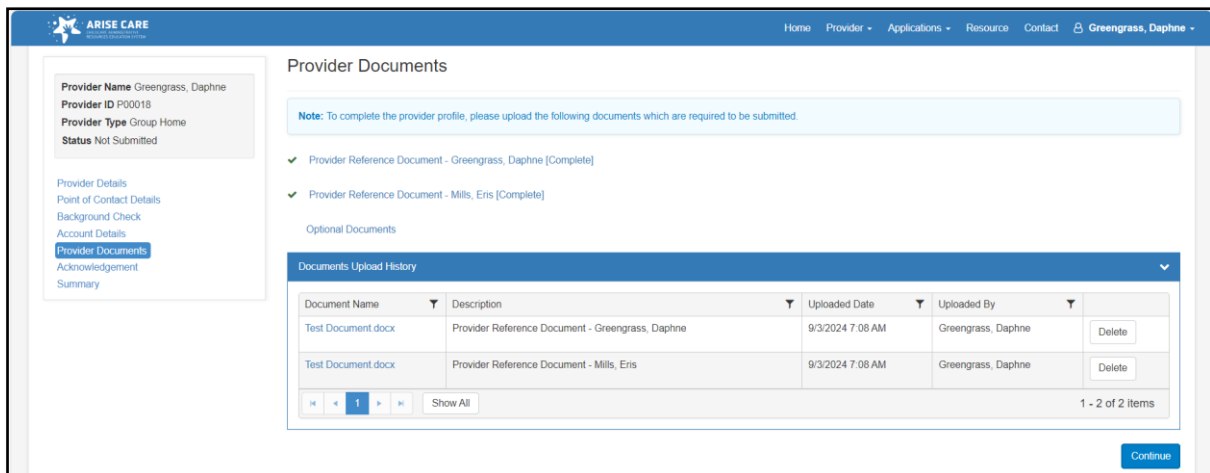


Figure 13: Provider Documents

3. On this page, upload all relevant documents by first clicking on the respective links and then clicking on the 'select file' button.

On uploading the documents, you will see that the red cross next to each item turns green.



Provider Documents

Note: To complete the provider profile, please upload the following documents which are required to be submitted.

- ✓ Provider Reference Document - Greengrass, Daphne [Complete]
- ✓ Provider Reference Document - Mills, Eris [Complete]

Optional Documents

Documents Upload History

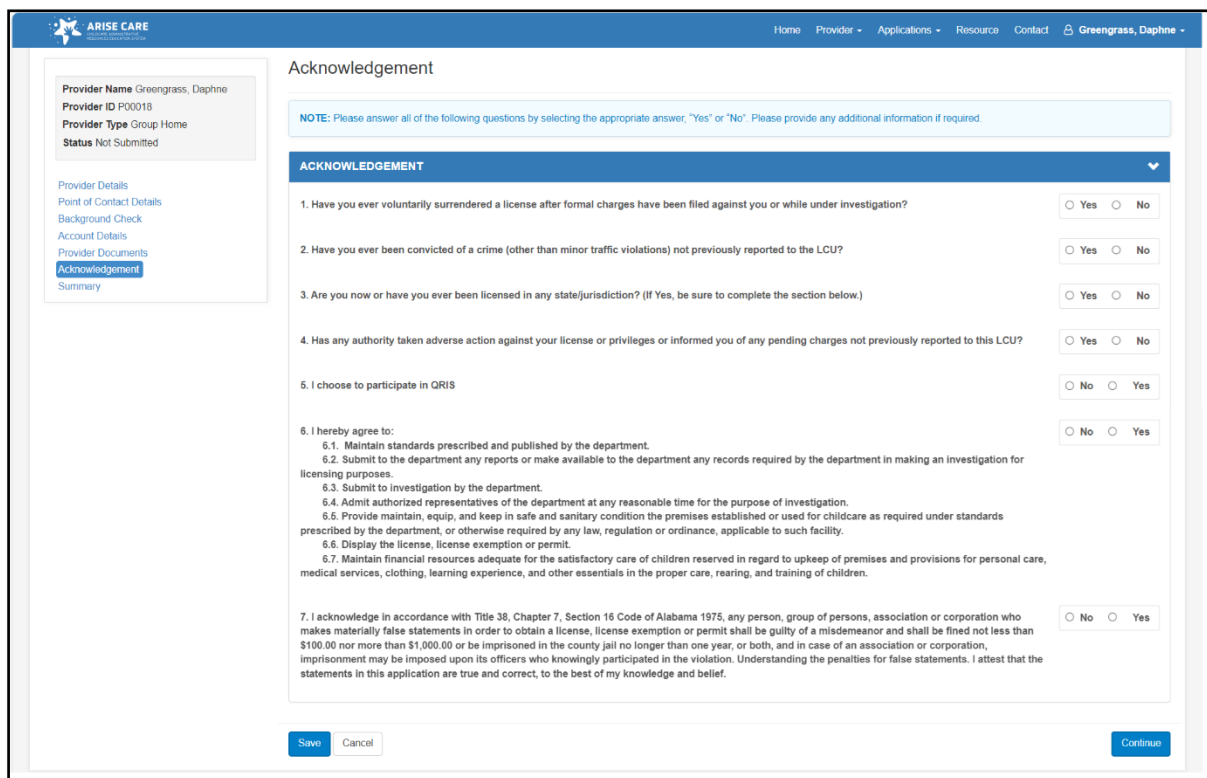
Document Name	Description	Uploaded Date	Uploaded By	
Test Document.docx	Provider Reference Document - Greengrass, Daphne	9/3/2024 7:08 AM	Greengrass, Daphne	Delete
Test Document.docx	Provider Reference Document - Mills, Eris	9/3/2024 7:08 AM	Greengrass, Daphne	Delete

1 - 2 of 2 Items

[Continue](#)

Figure 14: Completed Provider Documents

- To proceed from here, click on the 'Acknowledgement' link on the left navigation pane, to be redirected to the following page:



Acknowledgement

NOTE: Please answer all of the following questions by selecting the appropriate answer, "Yes" or "No". Please provide any additional information if required.

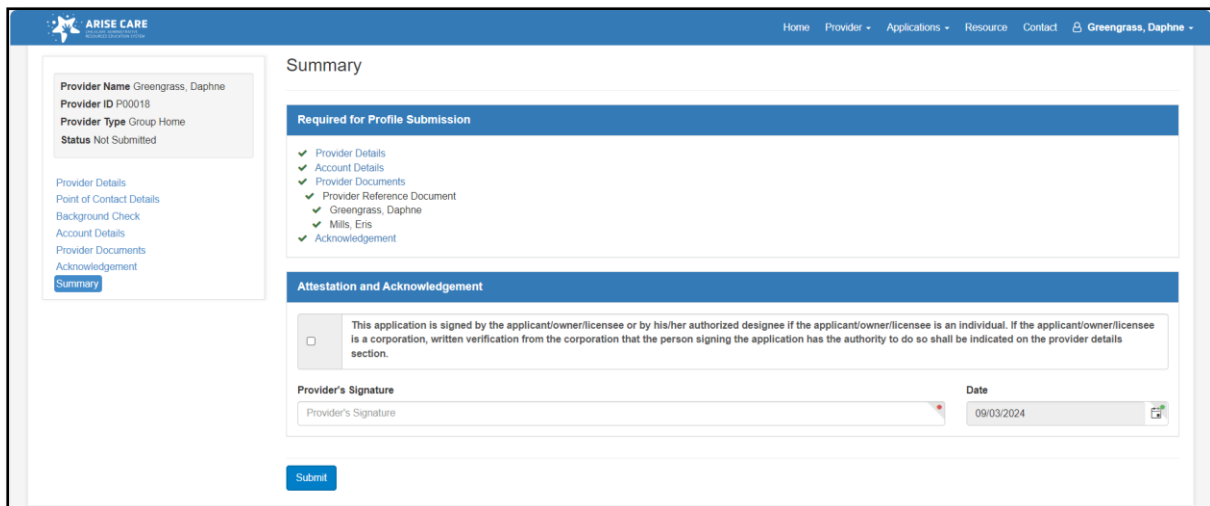
ACKNOWLEDGEMENT

- Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation? ☐ Yes ☐ No
- Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the LCU? ☐ Yes ☐ No
- Are you now or have you ever been licensed in any state/jurisdiction? (If Yes, be sure to complete the section below.) ☐ Yes ☐ No
- Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this LCU? ☐ Yes ☐ No
- I choose to participate in QRIS ☐ No ☐ Yes
- I hereby agree to:
 - Maintain standards prescribed and published by the department.
 - Submit to the department any reports or make available to the department any records required by the department in making an investigation for licensing purposes.
 - Submit to investigation by the department.
 - Admit authorized representatives of the department at any reasonable time for the purpose of investigation.
 - Provide maintain, equip, and keep in safe and sanitary condition the premises established or used for childcare as required under standards prescribed by the department, or otherwise required by any law, regulation or ordinance, applicable to such facility.
 - Display the license, license exemption or permit.
 - Maintain financial resources adequate for the satisfactory care of children reserved in regard to upkeep of premises and provisions for personal care, medical services, clothing, learning experience, and other essentials in the proper care, rearing, and training of children.
- I acknowledge in accordance with Title 36, Chapter 7, Section 16 Code of Alabama 1975, any person, group of persons, association or corporation who makes materially false statements in order to obtain a license, license exemption or permit shall be guilty of a misdemeanor and shall be fined not less than \$100.00 nor more than \$1,000.00 or be imprisoned in the county jail no longer than one year, or both, and in case of an association or corporation, imprisonment may be imposed upon its officers who knowingly participated in the violation. Understanding the penalties for false statements. I attest that the statements in this application are true and correct, to the best of my knowledge and belief. ☐ No ☐ Yes

[Save](#) [Cancel](#) [Continue](#)

Figure 15: Acknowledgement

- On this page, respond to the questions by selecting 'yes' or 'no' options.
- In certain cases, your response may require further elaboration which will lead to a description box appearing – fill the description box as required.
- Click on the 'save' button, once completed.
- Finally, click on 'Summary' on the left navigation pane to be guided to the following page:



The screenshot shows the 'Summary' page of the ARISE Provider Portal. On the left is a sidebar with a list of navigation items: Provider Details, Point of Contact Details, Background Check, Account Details, Provider Documents, Acknowledgement, and Summary (which is highlighted). The main content area is titled 'Summary' and contains two sections. The first section, 'Required for Profile Submission', lists five items, each with a green checkmark: Provider Details, Account Details, Provider Documents, Provider Reference Document, and Greengrass, Daphne. The second section, 'Attestation and Acknowledgement', contains a checkbox that is currently unchecked, followed by a text box for the provider's signature and a date field pre-filled with '09/03/2024'. A 'Submit' button is located at the bottom of the page.

Figure 16: Summary Page

This time, you will see that each required actionable item on the list displays a green tick next to it, since you have completed all relevant sections.

To proceed:

1. Click on the Attestation and Acknowledgement checkbox to accept.
2. Fill in your signature.
3. Ensure that the pre-filled date is correct.
4. Click on 'submit'.

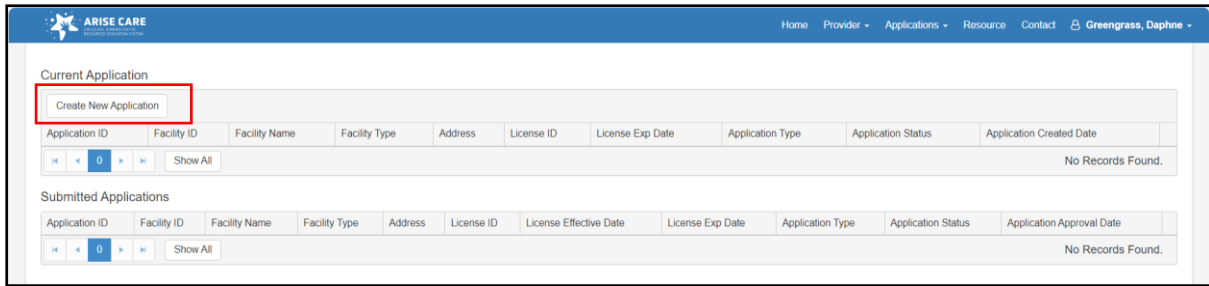
Congratulations! You have successfully submitted your Provider Profile for Approval!

Step Two: Initiate Licensing Application

While you wait for your profile to be approved, it's time to move on to the next step – Initiating your License Application!

How to begin your License Application?

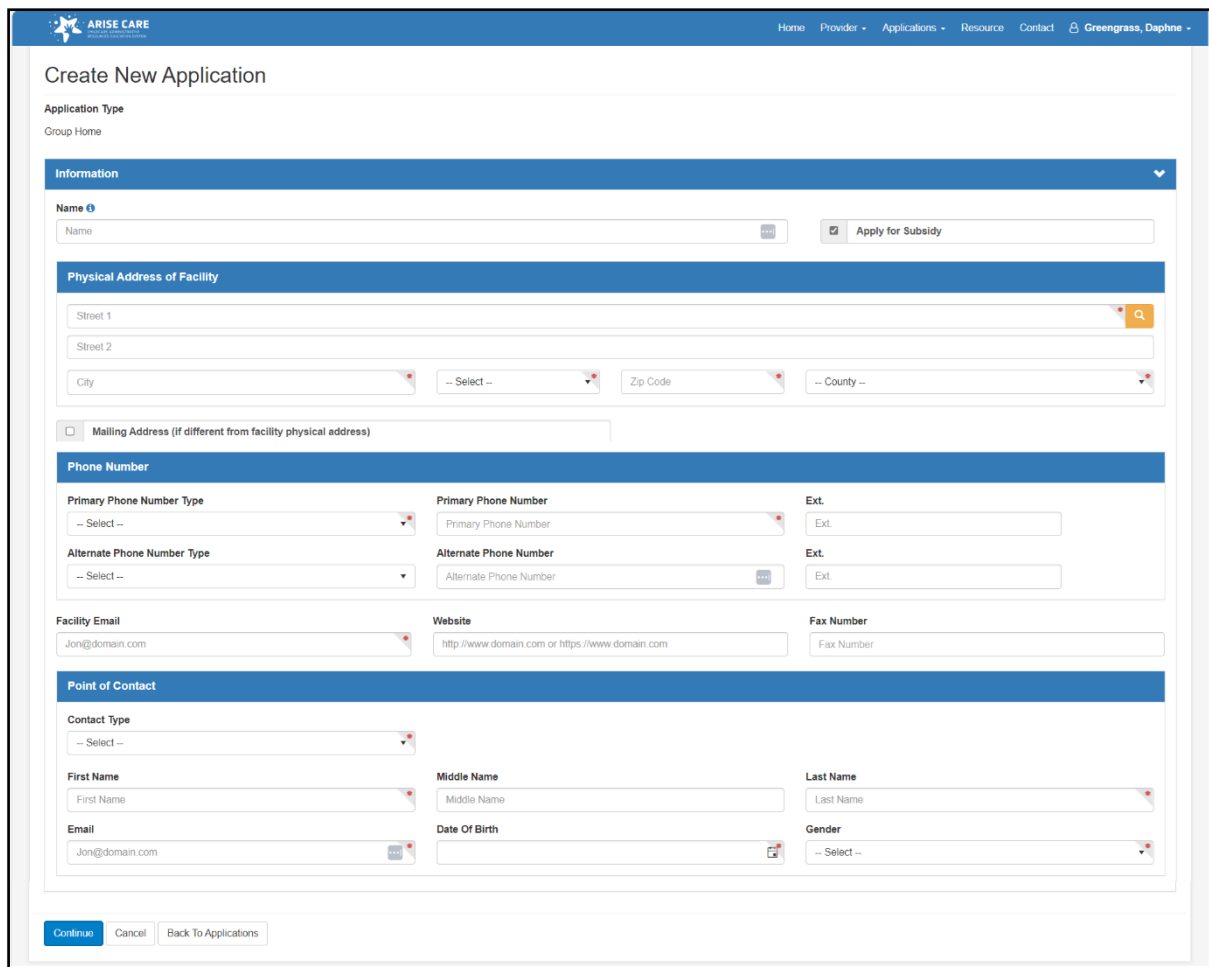
1. Click on the 'Home' module at the top of the page to be redirected to the landing screen.
2. On the landing screen, click on the 'Action Needed' link on second step of the application wizard – Create First Application, to be redirected to the following page:



The screenshot shows the ARISE CARE Provider Portal interface. At the top, there is a navigation bar with links: Home, Provider, Applications, Resource, Contact, and a user profile for Greengrass, Daphne. Below the navigation bar, the 'Current Application' section is highlighted. It contains a button labeled 'Create New Application' which is circled in red. Below this button are two tables. The first table, 'Current Application', has columns: Application ID, Facility ID, Facility Name, Facility Type, Address, License ID, License Exp Date, Application Type, Application Status, and Application Created Date. It shows 0 records. The second table, 'Submitted Applications', has columns: Application ID, Facility ID, Facility Name, Facility Type, Address, License ID, License Effective Date, License Exp Date, Application Type, Application Status, and Application Approval Date. It also shows 0 records.

Figure 17: Create First Application

3. Click on the 'Create New Application' button to be directed to the following page:

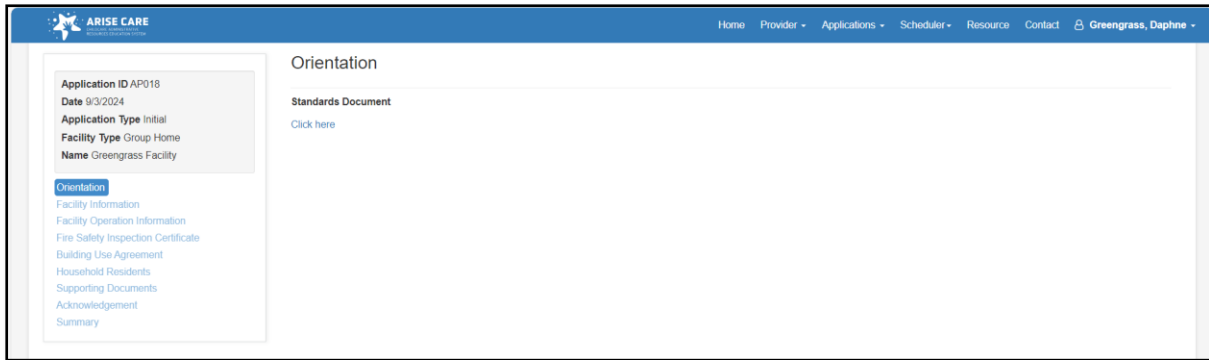


The screenshot shows the 'Create New Application' form. The form is titled 'Create New Application' and has a sub-header 'Application Type' with a dropdown menu set to 'Group Home'. The form is divided into several sections: 'Information' (Name, Address, City, Zip Code, County, Mailing Address), 'Phone Number' (Primary and Alternate Phone Number Type, Primary and Alternate Phone Number, Ext.), 'Facility Email' (Facility Email, Website, Fax Number), and 'Point of Contact' (Contact Type, First Name, Middle Name, Last Name, Email, Date Of Birth, Gender). At the bottom, there are three buttons: 'Continue', 'Cancel', and 'Back To Applications'.

Figure 18: Create New Application Form

On this page:

4. Fill in all mandatory details
5. Click on 'Continue' to proceed to the following page:



The screenshot shows the 'Orientation' page. On the left is a navigation pane with a sidebar containing application details (Application ID AP018, Date 9/3/2024, Application Type Initial, Facility Type Group Home, Name Greengrass Facility) and a list of links: Orientation (highlighted), Facility Information, Facility Operation Information, Fire Safety Inspection Certificate, Building Use Agreement, Household Residents, Supporting Documents, Acknowledgement, and Summary. The main content area is titled 'Orientation' and contains a 'Standards Document' section with a 'Click here' link.

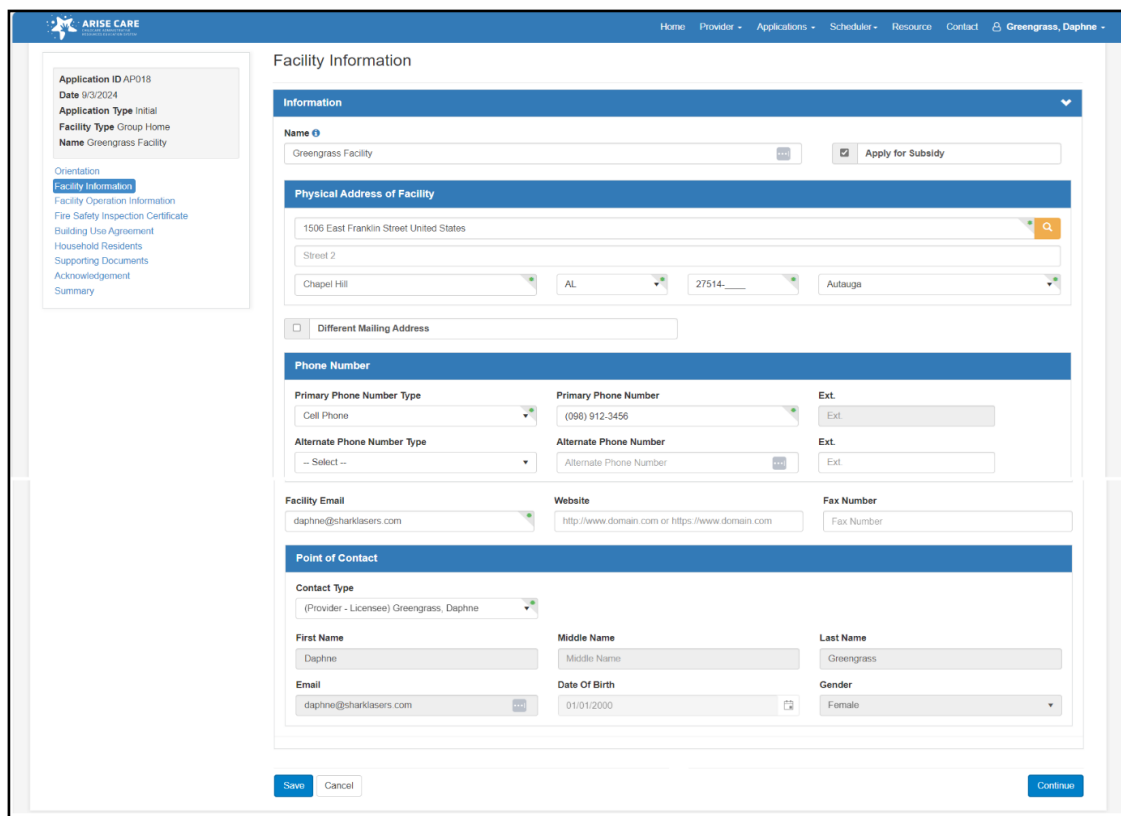
Figure 19: Orientation Page

6. Click on the link to download the orientation material.
7. Go through the material thoroughly and then return to this page.
8. Click on the link to take the Orientation Quiz.
9. Select correct answers, based on the material, to successfully complete the orientation quiz and proceed to the next step (Remember – you only get three tries and at least 80% of your responses need to be accurate!)
10. On successfully completing the quiz, you will see that the items on the navigation pane on the left are now clickable!

The next part of the process is clicking on each link on the navigation pane to complete the necessary steps to submit your application.

To proceed:

1. First, click on 'Facility Information', to be directed to the following screen:



The screenshot shows the 'Facility Information' page. The left sidebar is identical to Figure 19, but 'Facility Information' is now highlighted. The main content area is titled 'Facility Information' and contains several sections:

- Information:** A dropdown menu.
- Name:** A text field with 'Greengrass Facility' and a checkbox for 'Apply for Subsidy'.
- Physical Address of Facility:** Fields for '1506 East Franklin Street United States', 'Street 2', 'Chapel Hill', 'AL', '27514', and 'Autauga'.
- Phone Number:** Fields for 'Primary Phone Number Type' (Cell Phone), 'Primary Phone Number' ((908) 912-3456), 'Ext.', 'Alternate Phone Number Type' (Select), 'Alternate Phone Number', and 'Ext.'.
- Facility Email:** A text field with 'daphne@sharklasers.com'.
- Website:** A text field with 'http://www.domain.com or https://www.domain.com'.
- Fax Number:** A text field with 'Fax Number'.
- Point of Contact:** A dropdown menu for 'Contact Type' (Provider - Licensee) Greengrass, Daphne.
- First Name:** A text field with 'Daphne'.
- Middle Name:** A text field with 'Middle Name'.
- Last Name:** A text field with 'Greengrass'.
- Email:** A text field with 'daphne@sharklasers.com'.
- Date Of Birth:** A text field with '01/01/2000'.
- Gender:** A dropdown menu with 'Female'.

 At the bottom are 'Save', 'Cancel', and 'Continue' buttons.

Figure 20: Facility Information Page

2. Double-check all pre-filled information, based on your earlier responses.
3. Add any missing mandatory information (marked by the red asterisk).
4. Click on 'save' to save your progress.
5. To proceed, click on 'Facility Operation Information' on the navigation pane, to be directed to the following screen:

Facility Operation Information

Application ID: AP036
Date: 10/9/2024
Application Type: Initial
Facility Type: Group Home
Name: Jones, Diana M

Orientation
Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Building Use Agreement
Supporting Documents
Acknowledgement
Summary

Home Provider Applications Scheduler Resource Contact Jones, Diana M

Facility Operation Information

Service Schedule
-- Select -- Proposed number of children to be cared for: 1

Hours of Operation
Note: Daytime hours 5 AM - 7 PM, Night hours: 7 PM - 5 AM

Opening Time Closing Time ☐ 24 Hours ☐ Same Time For Selected Days ☐ Operate on Holidays

☒ Day Time ☐ Night Time

Age of Children Served - Start -- Select --
Age of Children Served - End -- Select --

	Opening Time	Closing Time	Opening Time	Closing Time
<input type="checkbox"/> Monday				
<input type="checkbox"/> Tuesday				
<input type="checkbox"/> Wednesday				
<input type="checkbox"/> Thursday				
<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday				
<input type="checkbox"/> Sunday				

Children To Be Served
Select all that apply

Type of Care Category
☐ Traditional ☐ Non Traditional ☐ Weekend Care ☐ Evening Care ☐ 24 Hours

Program Type
Program Type Out of School Time ☐ Yes ☒ No

Facility Closures/Holidays
Add Closure
Closure Reason/Holiday Name
No Facility Closures/Holidays Found.

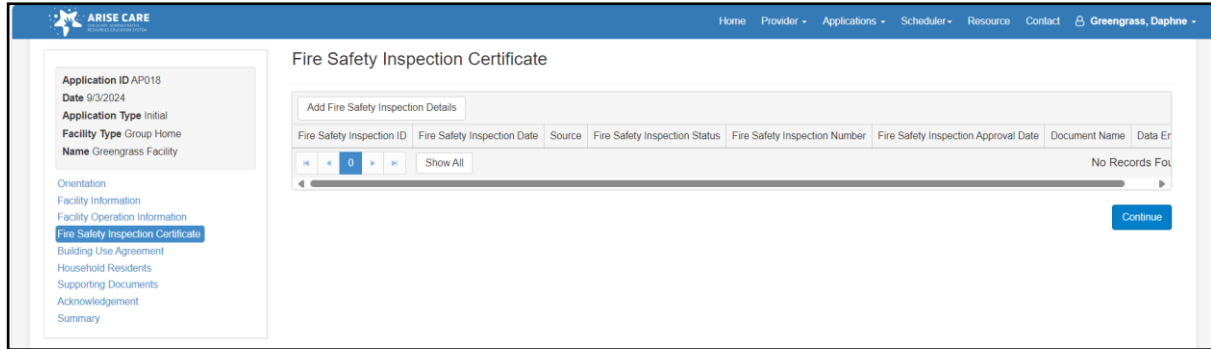
Save Cancel Continue

Figure 21: Facility Operation Page

On this screen:

1. Fill in all mandatory information, including the planned schedule, operation timings, the age groups of children who will be eligible to be enrolled in your facility, and other fields.
2. Click on the 'save' button to save and move on to the next step.
3. To proceed, click on the next section of the navigation pane – Fire Safety Inspection Certificate.

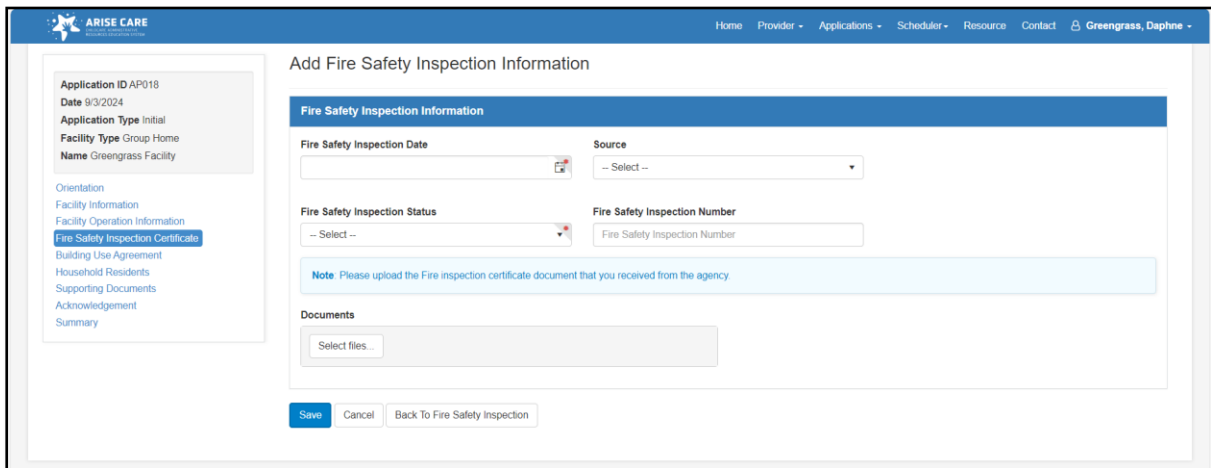
Clicking on the link will lead you to the following page:



The screenshot shows the 'Fire Safety Inspection Certificate' page. On the left is a navigation pane with a sidebar containing application details (Application ID AP018, Date 9/3/2024, Application Type Initial, Facility Type Group Home, Name Greengrass Facility) and a list of sections: Orientation, Facility Information, Facility Operation Information, **Fire Safety Inspection Certificate** (highlighted), Building Use Agreement, Household Residents, Supporting Documents, Acknowledgement, and Summary. The main content area has a title 'Fire Safety Inspection Certificate' and a button 'Add Fire Safety Inspection Details'. Below this is a table with columns: Fire Safety Inspection ID, Fire Safety Inspection Date, Source, Fire Safety Inspection Status, Fire Safety Inspection Number, Fire Safety Inspection Approval Date, Document Name, and Data Entry. The table currently shows 'No Records Found'. A 'Continue' button is at the bottom right.

Figure 22: Fire Safety Inspection Certificate Page

On this page, click on the 'Add Fire Safety Inspection Details' button to proceed to the following page:

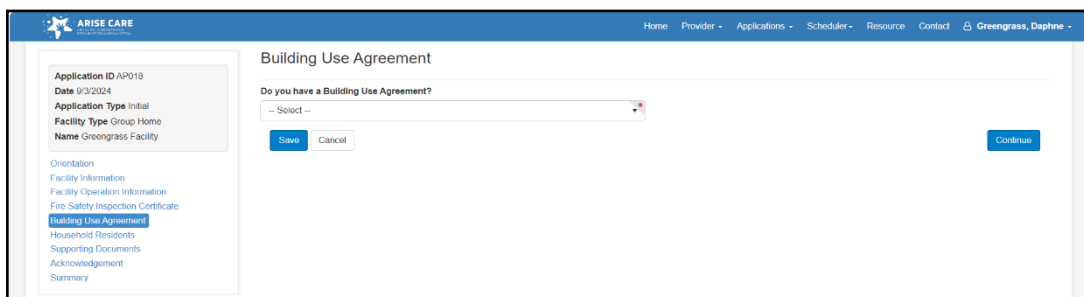


The screenshot shows the 'Add Fire Safety Inspection Information' page. The left sidebar is identical to Figure 22, with 'Fire Safety Inspection Certificate' highlighted. The main content area has a title 'Add Fire Safety Inspection Information' and a section 'Fire Safety Inspection Information'. This section contains four fields: 'Fire Safety Inspection Date' (text input), 'Source' (dropdown menu), 'Fire Safety Inspection Status' (dropdown menu), and 'Fire Safety Inspection Number' (text input). Below these fields is a note: 'Please upload the Fire inspection certificate document that you received from the agency.' Under the note is a 'Documents' section with a 'Select files...' button. At the bottom are 'Save', 'Cancel', and 'Back To Fire Safety Inspection' buttons.

Figure 23: Add Fire Safety Inspection Information Page

On this page:

1. Enter all mandatory details.
2. Upload the relevant document.
3. Click on 'save' to save your information and proceed.
4. On clicking save, you will be taken back to the Fire Safety Inspection Certificate Page (Figure 22).
5. Click on the next section on the navigation pane on the left – Building Use Agreement, to be directed to the following page:

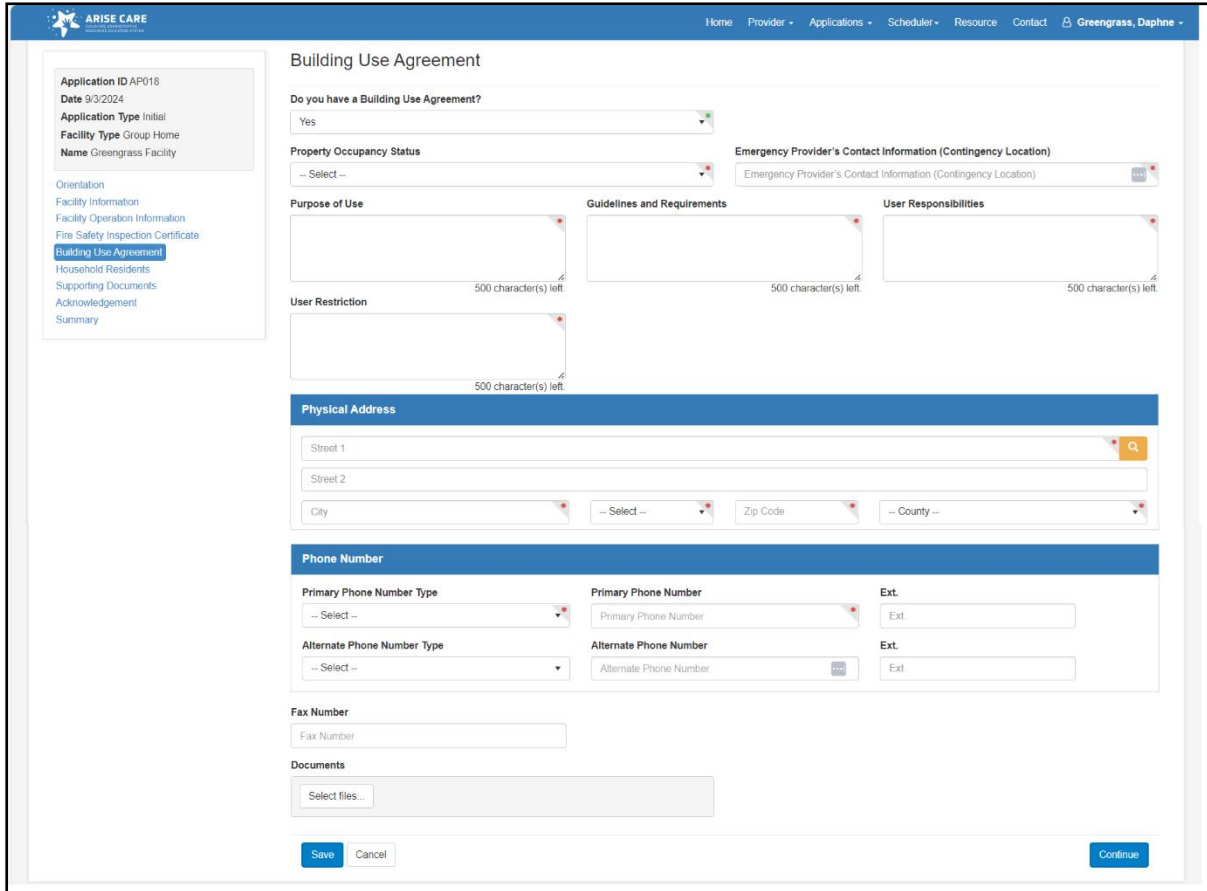


The screenshot shows the 'Building Use Agreement' page. The left sidebar is identical to Figure 22, with 'Building Use Agreement' highlighted. The main content area has a title 'Building Use Agreement' and a question 'Do you have a Building Use Agreement?' with a dropdown menu. Below the question are 'Save' and 'Cancel' buttons. A 'Continue' button is at the bottom right.

Figure 24: Building Use Agreement Page

On this page, you will see a single drop-down menu, where you may choose either 'yes' or 'no' based on whether you would like to supply a Building Use Agreement Certificate.

In case, you choose 'Yes', the following form will appear:



The screenshot shows the 'Building Use Agreement' form in the ARISE Provider Portal. The form is titled 'Building Use Agreement' and includes a sidebar with navigation links. The main form area contains several sections:

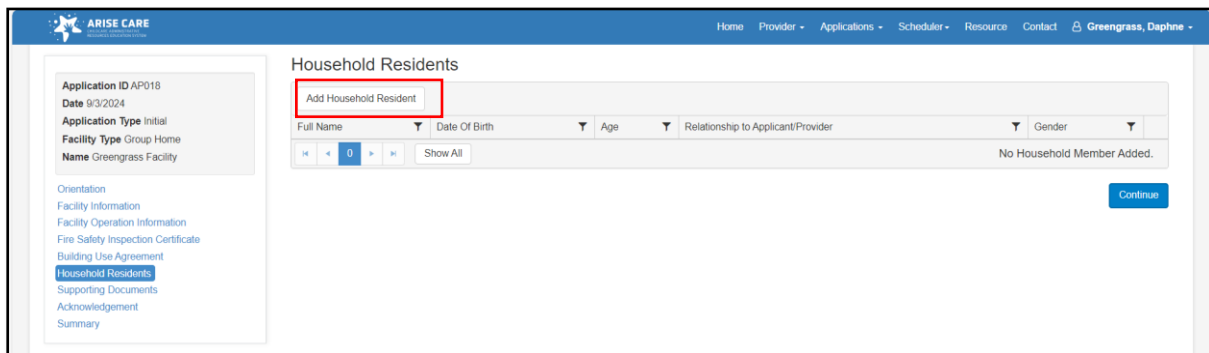
- Application ID:** AP018
- Date:** 9/3/2024
- Application Type:** Initial
- Facility Type:** Group Home
- Name:** Greengrass Facility
- Orientation:**
 - Facility Information
 - Facility Operation Information
 - Fire Safety Inspection Certificate
 - Building Use Agreement**
 - Household Residents
 - Supporting Documents
 - Acknowledgement
 - Summary
- Do you have a Building Use Agreement?** (Drop-down menu with 'Yes' selected)
- Property Occupancy Status:** (Drop-down menu with '-- Select --' selected)
- Emergency Provider's Contact Information (Contingency Location):** (Text field with placeholder 'Emergency Provider's Contact Information (Contingency Location)')
- Purpose of Use:** (Text area with 500 character(s) left)
- Guidelines and Requirements:** (Text area with 500 character(s) left)
- User Responsibilities:** (Text area with 500 character(s) left)
- User Restriction:** (Text area with 500 character(s) left)
- Physical Address:**
 - Street 1 (Text field)
 - Street 2 (Text field)
 - City (Text field)
 - Zip Code (Text field)
 - County (Drop-down menu with '-- County --' selected)
- Phone Number:**
 - Primary Phone Number Type (Drop-down menu with '-- Select --' selected)
 - Primary Phone Number (Text field)
 - Ext. (Text field)
 - Alternate Phone Number Type (Drop-down menu with '-- Select --' selected)
 - Alternate Phone Number (Text field)
 - Ext. (Text field)
- Fax Number:** (Text field)
- Documents:** (Text field with 'Select files...' button)
- Buttons:** Save, Cancel, Continue

Figure 25: Adding Building Use Agreement Details

On this form:

1. Fill in all mandatory details.
2. Upload the relevant document.
3. Click on 'save' to save your progress.
4. To proceed to the next step, click on the next section on the left navigation pane – Household Residents.

Clicking on the link will lead you to the following page:



ARISE CARE | Home | Provider | Applications | Scheduler | Resource | Contact | Greengrass, Daphne

Application ID AP018
Date 9/3/2024
Application Type Initial
Facility Type Group Home
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
 Building Use Agreement
Household Residents
 Supporting Documents
 Acknowledgement
 Summary

Household Residents

[Add Household Resident](#)

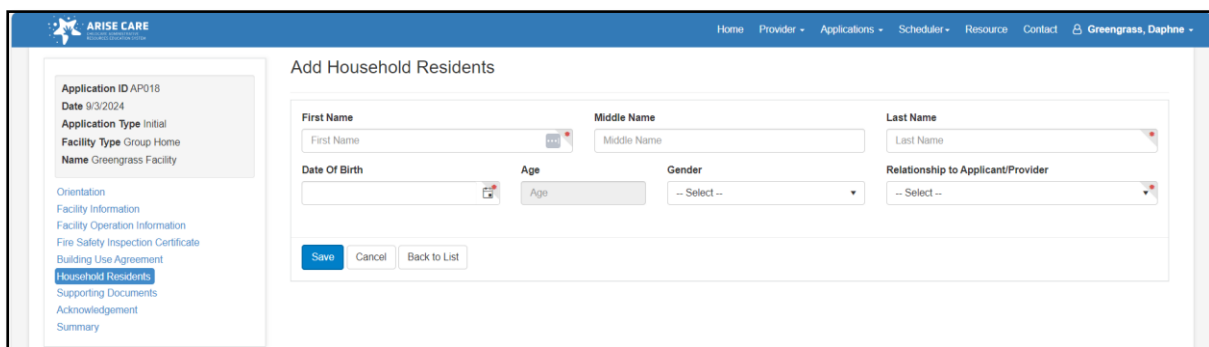
Full Name	Date Of Birth	Age	Relationship to Applicant/Provider	Gender
No Household Member Added.				

Show All

[Continue](#)

Figure 26: Household Residents Summary Page

On this page, click on the 'Add Household Residents' button to proceed to the following page:



ARISE CARE | Home | Provider | Applications | Scheduler | Resource | Contact | Greengrass, Daphne

Application ID AP018
Date 9/3/2024
Application Type Initial
Facility Type Group Home
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
 Building Use Agreement
Household Residents
 Supporting Documents
 Acknowledgement
 Summary

Add Household Residents

First Name

Middle Name

Last Name

Date Of Birth

Age

Gender

Relationship to Applicant/Provider

[Save](#) [Cancel](#) [Back to List](#)

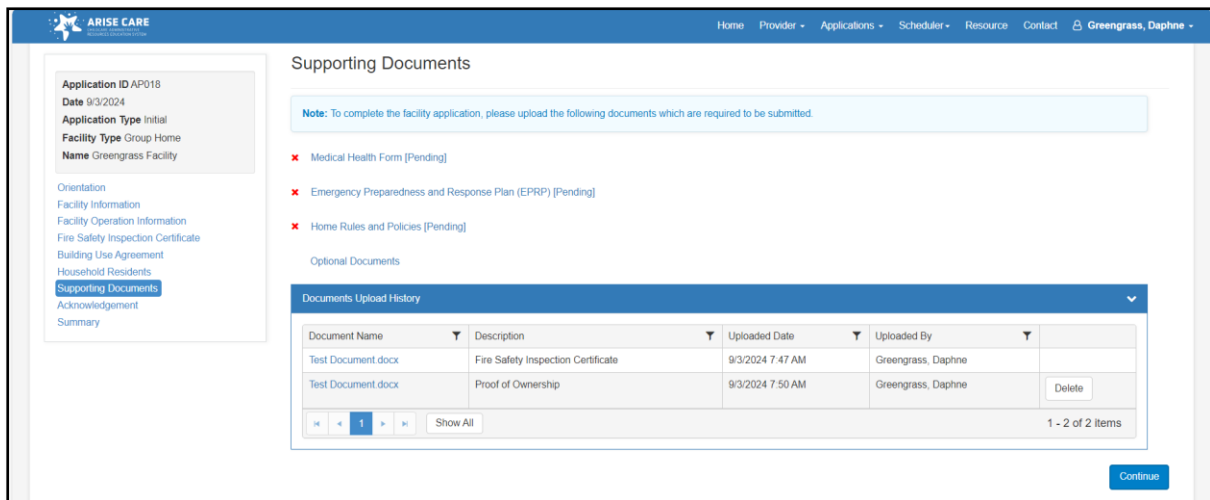
Figure 27: Add Household Residents Page

To proceed:

1. Fill in all mandatory information regarding household residents who will be present in the group/family home during its operational and other hours.
2. Click on save to be directed back to the Household Residents Summary Page (Figure 25)
3. Repeat the process until all residents have been added.

Once all residents have been successfully added, click on the next section on the navigation pane – Supporting Documents.

Clicking on the 'Supporting Documents' link will lead you to the following page:



Application ID AP018
Date 9/3/2024
Application Type Initial
Facility Type Group Home
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
 Building Use Agreement
 Household Residents
Supporting Documents
 Acknowledgement
 Summary

Supporting Documents

Note: To complete the facility application, please upload the following documents which are required to be submitted.

- ✖ Medical Health Form [Pending]
- ✖ Emergency Preparedness and Response Plan (EPRP) [Pending]
- ✖ Home Rules and Policies [Pending]

Optional Documents

Documents Upload History

Document Name	Description	Uploaded Date	Uploaded By	
Test Document.docx	Fire Safety Inspection Certificate	9/3/2024 7:47 AM	Greengrass, Daphne	
Test Document.docx	Proof of Ownership	9/3/2024 7:50 AM	Greengrass, Daphne	Delete

1 - 2 of 2 items

[Continue](#)

Figure 28: Supporting Documents Page

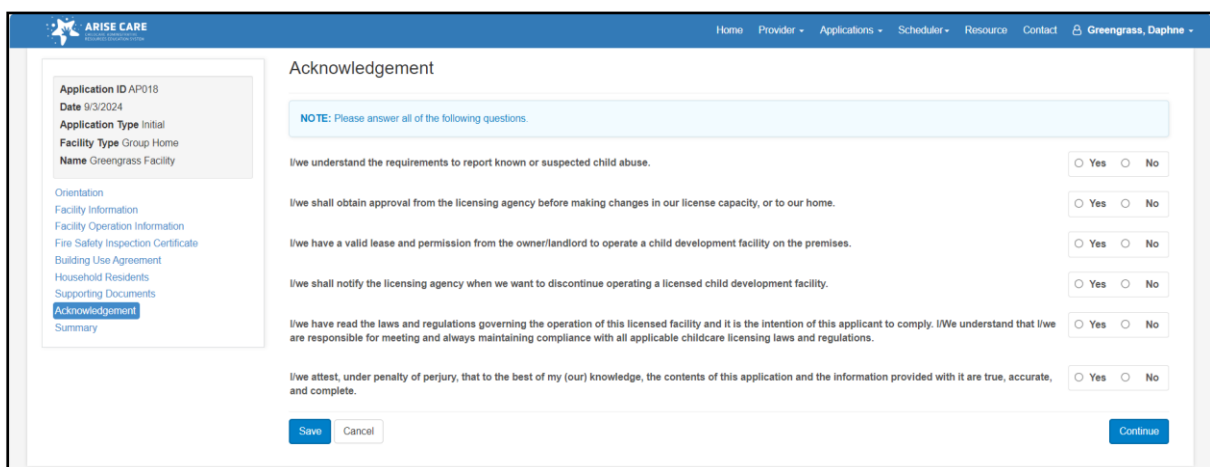
On this page, you will see a list of clickable items, all referring to the documents to be uploaded. Additionally, you will also see a grid including all documents that you have already uploaded during the application process thus far.

To complete this section:

1. Click on each link to select the files to upload.
2. Complete the list to see green tick marks appear next to every completed item.

Once all supporting documents have been uploaded, click on the next section on the navigation pane on the left – Acknowledgement.

Clicking on the link will lead to the following page:



Application ID AP018
Date 9/3/2024
Application Type Initial
Facility Type Group Home
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
 Building Use Agreement
 Household Residents
 Supporting Documents
Acknowledgement
 Summary

Acknowledgement

NOTE: Please answer all of the following questions.

I/we understand the requirements to report known or suspected child abuse. ☐ Yes ☐ No

I/we shall obtain approval from the licensing agency before making changes in our license capacity, or to our home. ☐ Yes ☐ No

I/we have a valid lease and permission from the owner/landlord to operate a child development facility on the premises. ☐ Yes ☐ No

I/we shall notify the licensing agency when we want to discontinue operating a licensed child development facility. ☐ Yes ☐ No

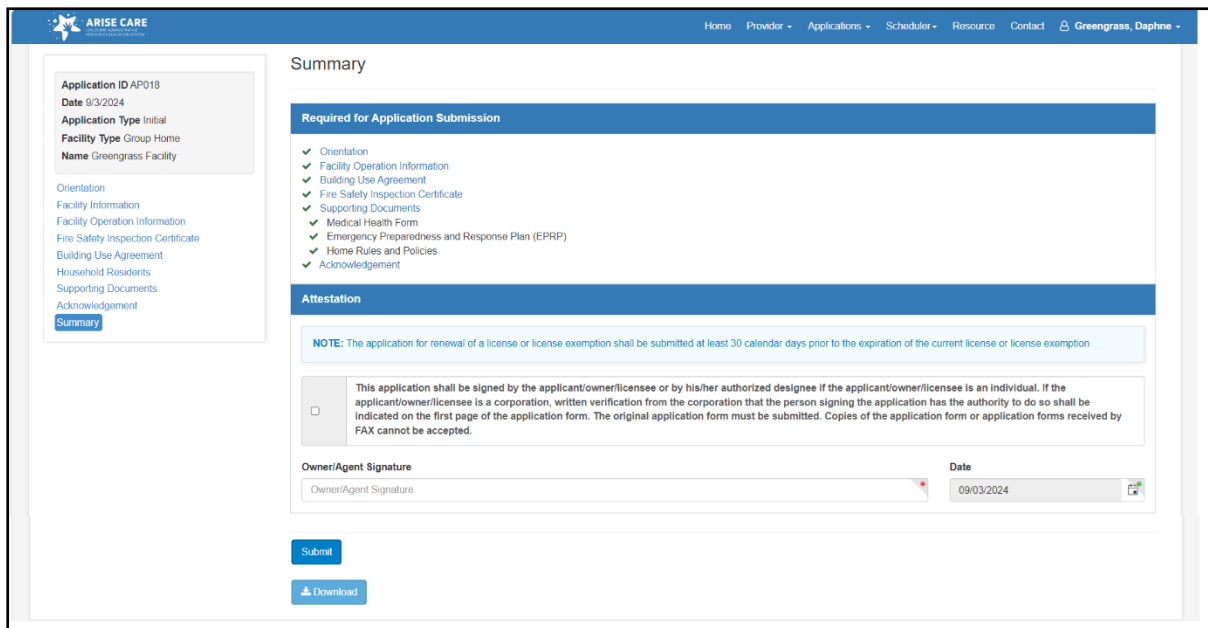
I/we have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/we understand that I/we are responsible for meeting and always maintaining compliance with all applicable childcare licensing laws and regulations. ☐ Yes ☐ No

I/we attest, under penalty of perjury, that to the best of my (our) knowledge, the contents of this application and the information provided with it are true, accurate, and complete. ☐ Yes ☐ No

[Save](#) [Cancel](#) [Continue](#)

Figure 29: Acknowledgement Page

1. Complete this section by answering the questions with 'Yes' or 'No' responses.
2. In case of a 'No' response, a description box will appear which will need to be mandatorily filled with an explanation of the response.
3. Once complete, click on the 'Save' button to save your progress.
4. Click on 'Summary' on the navigation pane to be redirected to the following screen:



The screenshot shows the 'Summary' page of the ARISE Provider Portal. The page has a blue header with the ARISE CARE logo and navigation links: Home, Provider, Applications, Scheduler, Resource, Contact, and a user profile for 'Greengrass, Daphne'. On the left, a sidebar lists application details: Application ID AP018, Date 9/3/2024, Application Type Initial, Facility Type Group Home, and Name Greengrass Facility. Below this is a list of links: Orientation, Facility Information, Facility Operation Information, Fire Safety Inspection Certificate, Building Use Agreement, Household Residents, Supporting Documents, Acknowledgement, and Summary (which is highlighted). The main content area is titled 'Summary' and contains two sections: 'Required for Application Submission' and 'Attestation'. The 'Required for Application Submission' section lists seven items, each with a green checkmark: Orientation, Facility Operation Information, Building Use Agreement, Fire Safety Inspection Certificate, Supporting Documents, Medical Health Form, and Emergency Preparedness and Response Plan (EPRP). The 'Attestation' section contains a note about the application deadline and a checkbox for the applicant's agreement. Below the checkbox is a signature line for the Owner/Agent, a date field set to 09/03/2024, and two buttons: 'Submit' and 'Download'.

Figure 30: Summary Page

Ideally, at this point, the summary list will be completed and will only depict green checks.

In case of any incomplete elements, click on the respective links to fill in the missing information.

Once the entire list has been completed, you may proceed as follows:

1. Click on the acknowledgement checkbox to indicate your agreement.
2. Fill in your signature.
3. Ensure that the date is filled in correctly.
4. Finally, click on the 'submit' button to submit your completed application.
5. Following this, you may download your submitted application by clicking on the 'Download' button on the same page.

Congratulations! You have completed the second step and have submitted your Family/Group Home License Application!