

ARISE Provider Portal – Applying for a Faith-Based License Exemption

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 license exemption as a Faith-Based childcare provider?

The following is a quick step-by-step guide to begin and submit your license exemption application as a Faith-Based childcare provider!

Following the standard registration process, ensure that you select 'Faith-Based' as the Provider type, 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 'Faith-Based', logging in with your email ID and password will lead to the following landing page:

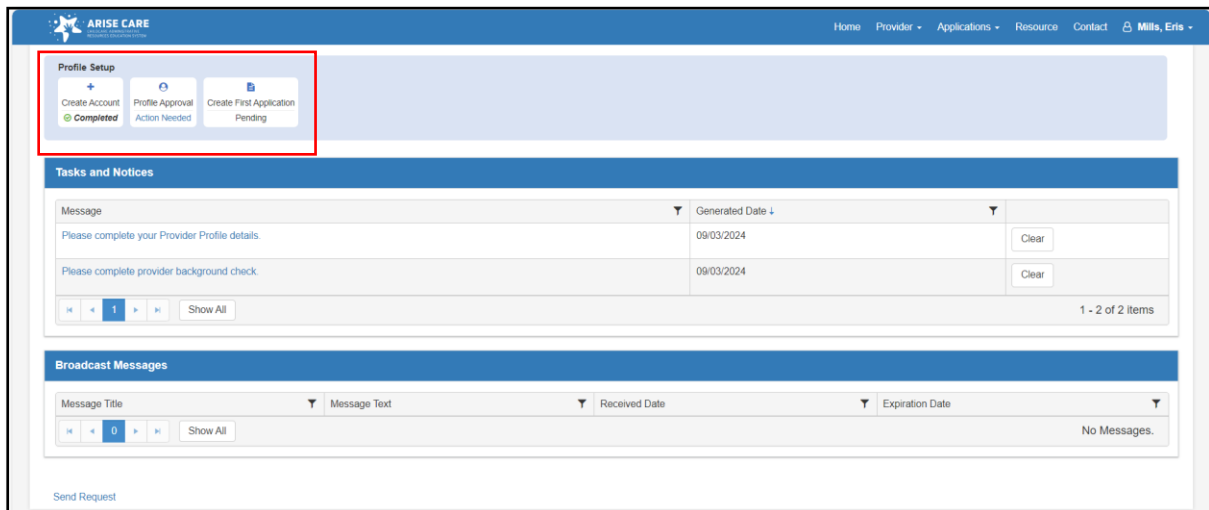


Figure 1: Landing Page

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 exemption application.

The process is as follows:

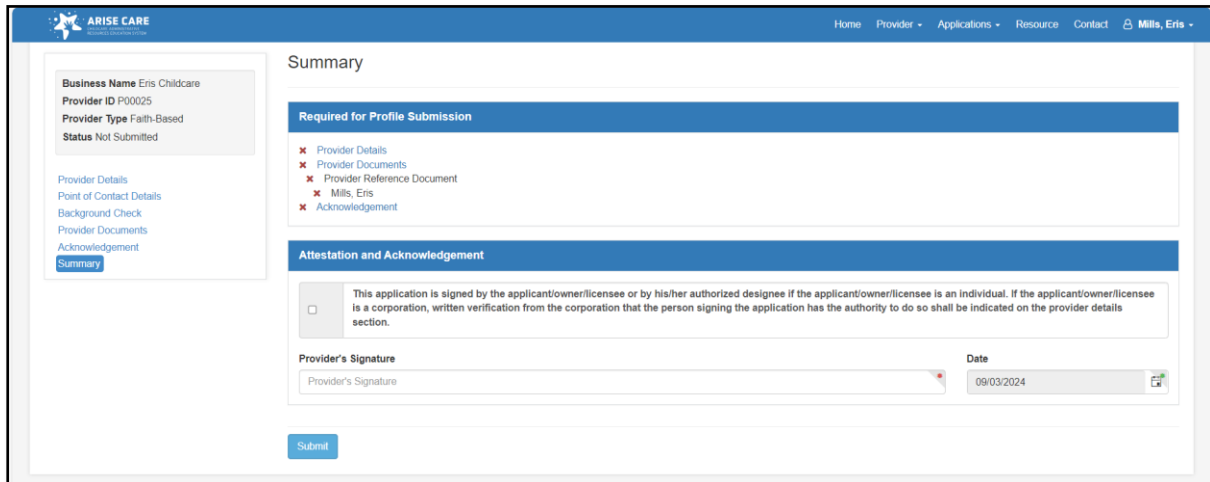
1. Complete Provider Profile
2. Initiate License Exemption Application

Step One: Provider Profile

How to Complete Provider Profile?

To complete your Provider Profile:

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

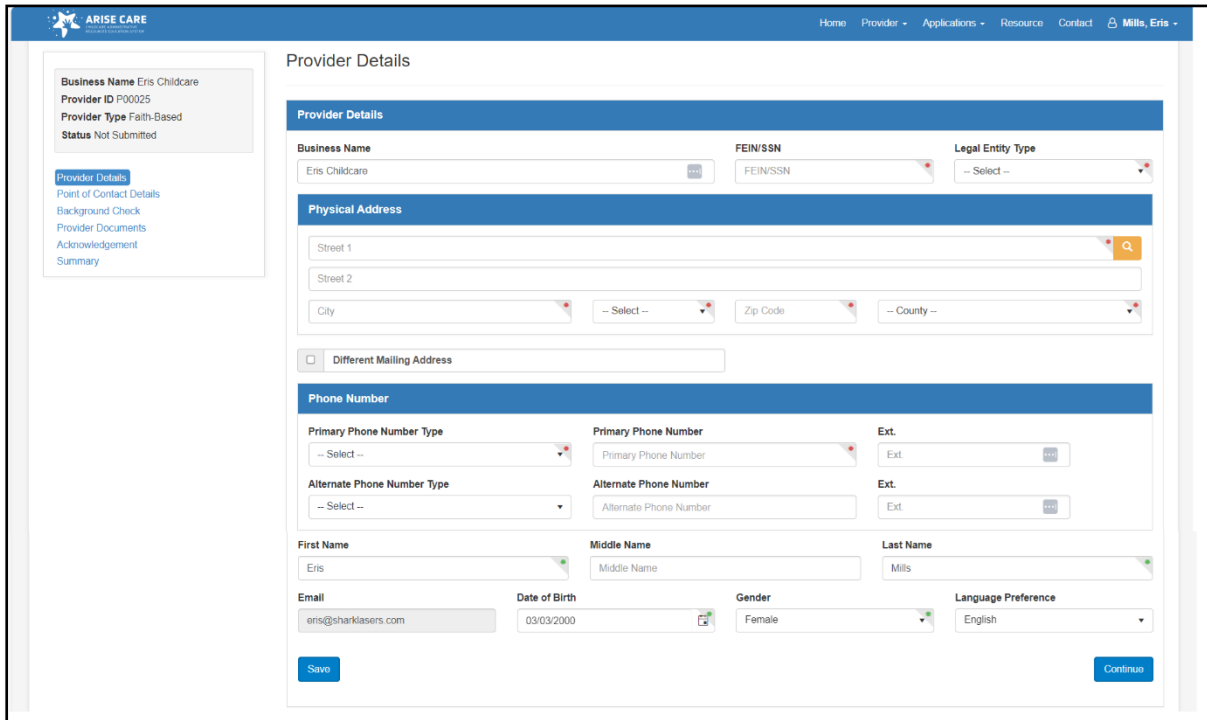


The screenshot shows the 'Summary' page of the ARISE CARE Provider Portal. The page has a blue header with the ARISE CARE logo and navigation links: Home, Provider, Applications, Resource, Contact, and a user profile for 'Mills, Eric'. On the left, a sidebar lists the application steps: Business Name, Provider ID, Provider Type, Status, Provider Details, Point of Contact Details, Background Check, Provider Documents, Acknowledgement, and Summary (which is highlighted). The main content area is titled 'Summary' and contains two sections: 'Required for Profile Submission' and 'Attestation and Acknowledgement'. The 'Required for Profile Submission' section lists four items, each with a red 'x' icon: Provider Details, Provider Documents, Provider Reference Document, and Mills, Eric. The 'Attestation and Acknowledgement' section includes a checkbox for a corporate verification statement, a 'Provider's Signature' field with a red 'x' icon, and a 'Date' field showing '09/03/2024'. A 'Submit' button is located at the bottom left of the main content area.

Figure 2: Summary Page

The Summary Page depicts a list of actionable items that must be completed in order to finish your profile. At the end of the process, each item must have a green tick to indicate that it has been completed.

2. You may click on each item on the list OR use the navigation pane on the left.
3. Click on 'Provider Details' on the left, to be taken to the following page:



Provider Details

Business Name: Eris Childcare
 Provider ID: P00025
 Provider Type: Faith-Based
 Status: Not Submitted

Physical Address

Street 1: [Text Field]
 Street 2: [Text Field]
 City: [Text Field] -- Select -- Zip Code: [Text Field] -- County: [Text Field]

Phone Number

Primary Phone Number Type: -- Select -- Primary Phone Number: [Text Field] Ext.: [Text Field]
 Alternate Phone Number Type: -- Select -- Alternate Phone Number: [Text Field] Ext.: [Text Field]

First Name: Eris Middle Name: [Text Field] Last Name: Mills
 Email: eris@sharklasers.com Date of Birth: 03/03/2000 Gender: Female Language Preference: English

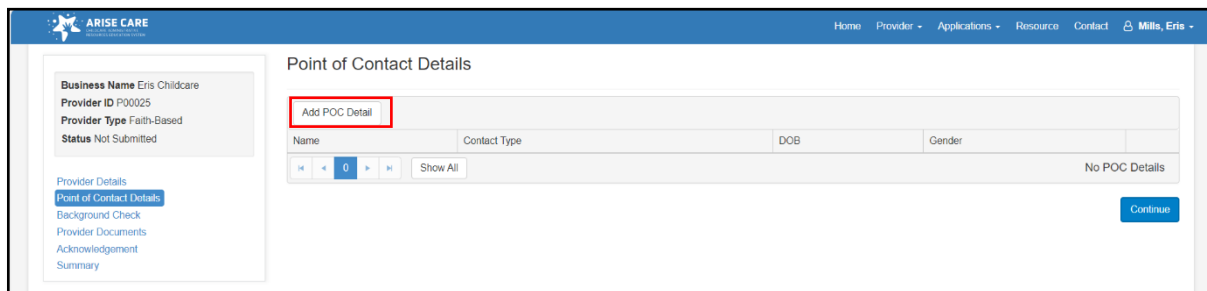
Buttons: Save, Continue

Figure 3: Provider Details Page

4. On this page, fill in all mandatory details (marked by a red asterisk on the top right corner of the respective fields).
5. Click on 'save' once all details have been 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:



Point of Contact Details

Add POC Detail

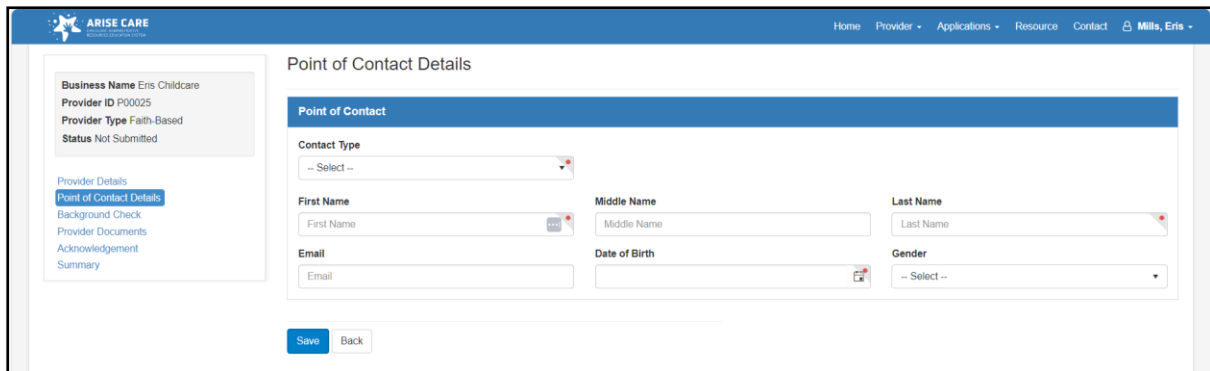
Name	Contact Type	DOB	Gender
No POC Details			

Buttons: Show All, Continue

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:



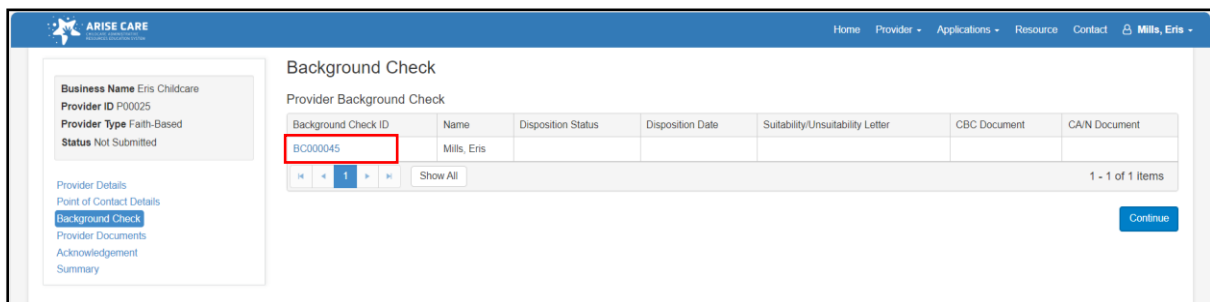
The screenshot shows the 'Point of Contact Details' form. On the left is a navigation pane with links: Business Name, Provider ID, Provider Type, Status, Provider Details, Point of Contact Details (highlighted), Background Check, Provider Documents, Acknowledgement, and Summary. The main form area has a title 'Point of Contact Details' and a sub-header 'Point of Contact'. It contains several input fields: Contact Type (dropdown), First Name (text), Middle Name (text), Last Name (text), Email (text), Date of Birth (text), and Gender (dropdown). At the bottom are 'Save' and 'Back' buttons.

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)
7. Click on the 'Continue' button on the bottom right of the page

OR

Click on the next section on the navigation pane – Background Check. This action will lead you to the following page:



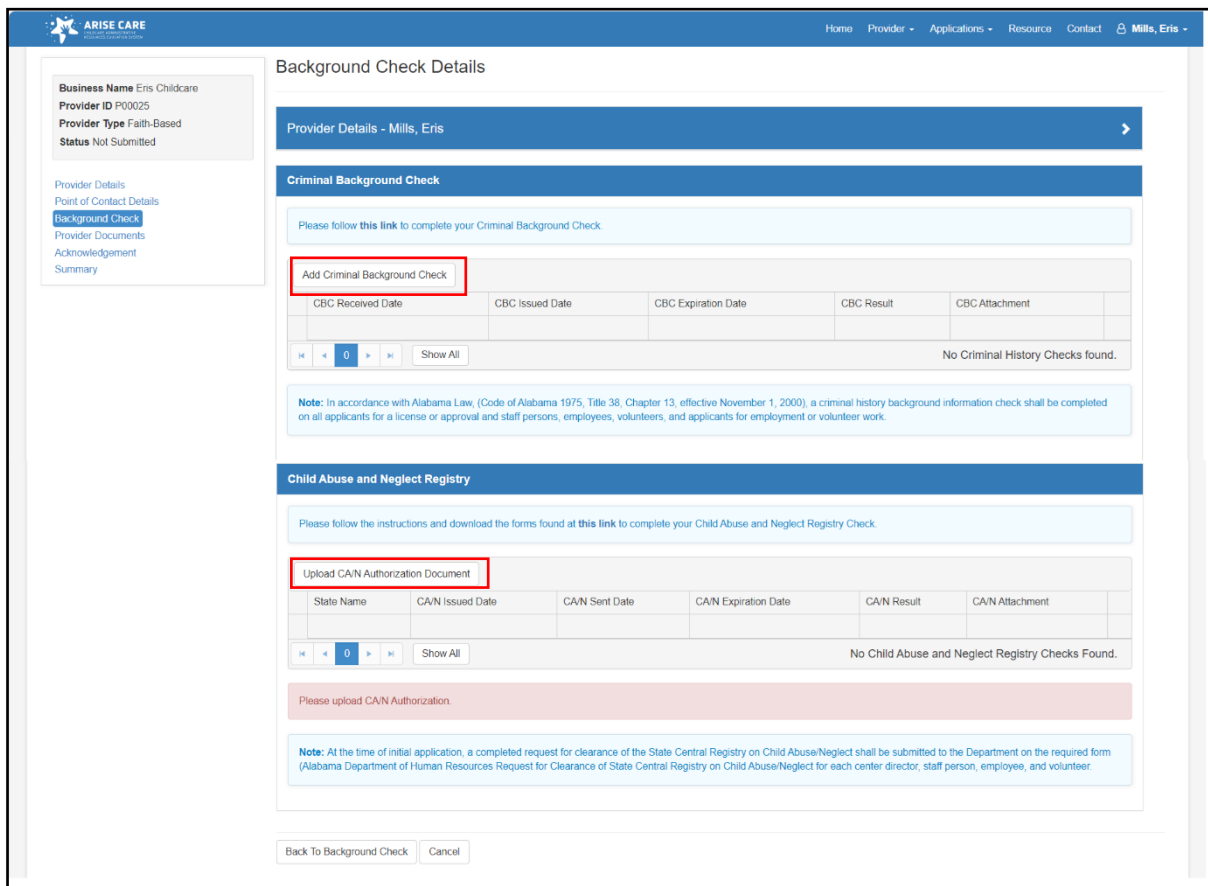
The screenshot shows the 'Background Check' summary page. It features a table titled 'Provider Background Check' with columns: Background Check ID, Name, Disposition Status, Disposition Date, Suitability/Unsuitability Letter, CBC Document, and CA/N Document. The first row shows 'BC000045' in the ID column and 'Mills, Eris' in the Name column. The 'BC000045' cell is highlighted with a red box. Below the table are pagination controls (1 of 1 items) and a 'Continue' button.

Background Check ID	Name	Disposition Status	Disposition Date	Suitability/Unsuitability Letter	CBC Document	CA/N Document
BC000045	Mills, Eris					

Figure 6: Background Check Summary Page

On this page:

1. Click on the Background Check ID to be redirected to the following page:



Background Check Details

Business Name: Eris Childcare
Provider ID: P00025
Provider Type: Faith-Based
Status: Not Submitted

Provider Details
Point of Contact Details
Background Check
Provider Documents
Acknowledgement
Summary

Provider Details - Mills, Eris

Criminal Background Check

Please follow [this link](#) to complete your Criminal Background Check.

Add Criminal Background Check

CBC Received Date	CBC Issued Date	CBC Expiration Date	CBC Result	CBC Attachment

No Criminal History Checks found.

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.

Child Abuse and Neglect Registry

Please follow the instructions and download the forms found at [this link](#) to complete your Child Abuse and Neglect Registry Check.

Upload CA/N Authorization Document

State Name	CA/N Issued Date	CA/N Sent Date	CA/N Expiration Date	CA/N Result	CA/N Attachment

No Child Abuse and Neglect Registry Checks Found.

Please upload CA/N Authorization.

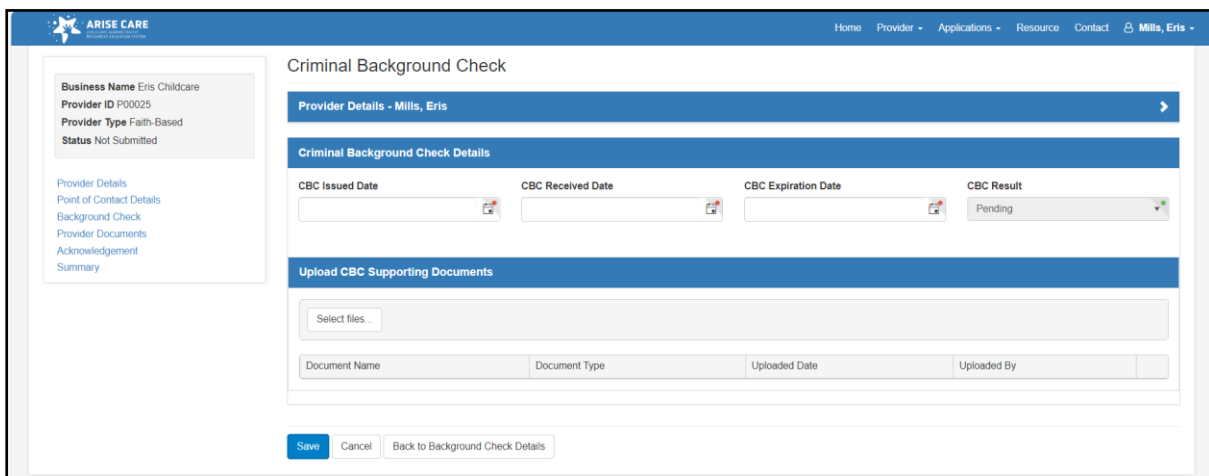
Note: At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer).

[Back To Background Check](#) [Cancel](#)

Figure 7: Add Background Check Details Page

Here, you are expected to fill in your 'Criminal Background Check' details, as well as your 'Child Abuse and Neglect Registry' details.

- To complete this – first click on 'Add Criminal Background Check' to be redirected to the following screen:



Criminal Background Check

Provider Details - Mills, Eris

Criminal Background Check Details

CBC Issued Date	CBC Received Date	CBC Expiration Date	CBC Result
			Pending

Upload CBC Supporting Documents

Select files...

Document Name	Document Type	Uploaded Date	Uploaded By

[Save](#) [Cancel](#) [Back to Background Check Details](#)

Figure 8: Criminal Background Check Page

3. On this page, fill in all mandatory details and click 'save' to proceed (marked by a red asterisk on the top right corner of the field).
4. Ensure that you upload relevant documents as well (if any).
5. Click on 'Back to Background Check Details' to return to the Background Check Summary Page (Figure 7).

To complete the next part of the background check:

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

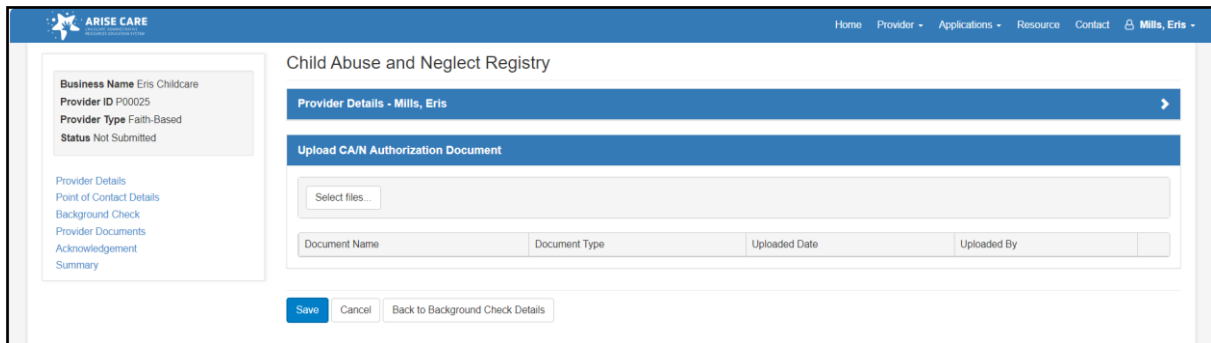


Figure 9: Child Abuse and Neglect Registry

2. On this page, upload the required documents and click 'save' to proceed
3. Click on 'Back to Background Check Details' to return to the Background Check Summary Page (Figure 7).
4. Click on the 'Submit' button that now appears:



Figure 10: Submit Button

To proceed to the next stage:

1. Click on the next section on the navigation pane – Provider Documents. This action will direct you to the following page:

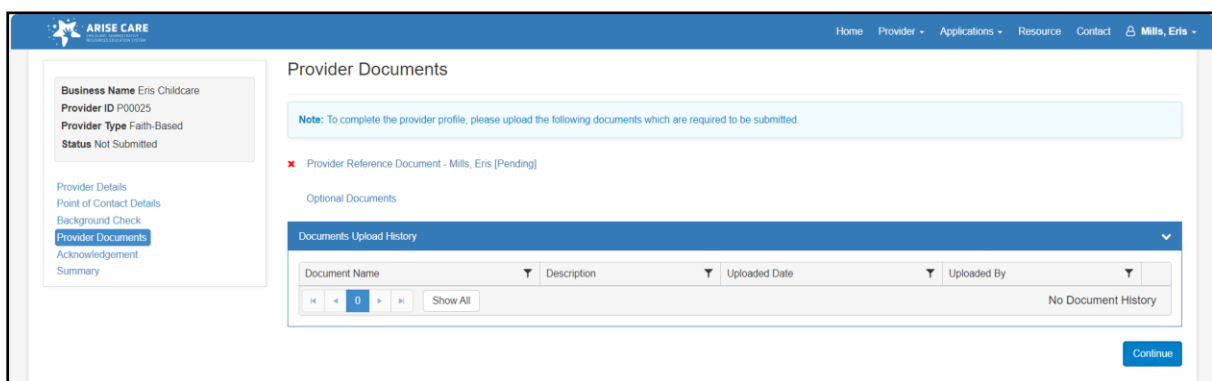


Figure 11: Provider Documents Page

2. Upload all relevant documents by clicking on the respective links and clicking on the 'select file' button.
3. On uploading the documents, you will see that the red cross next to each item turns green, as follows:

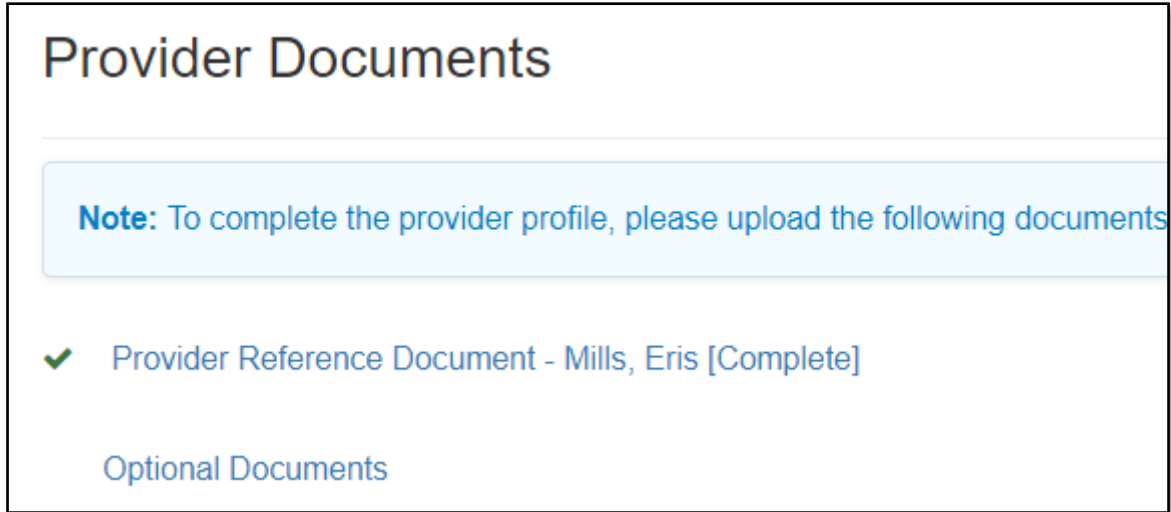


Figure 12: Uploaded Provider Documents Page

4. To proceed from here, click on 'Acknowledgement' on the left navigation pane to be directed to the following page:

Figure 13: Acknowledgement Page

On this page, you will see a list of questions that you will need to respond to with either ‘yes’ or ‘no’. In some cases, your response may result in a mandatory description box appearing, which will need to be filled with an explanation regarding your response.

Once you have finished answering the questions, click on ‘save’ to save your progress.

To proceed, click on the next link on the navigation pane – Summary.

This action will lead you back to the first summary page, as follows:

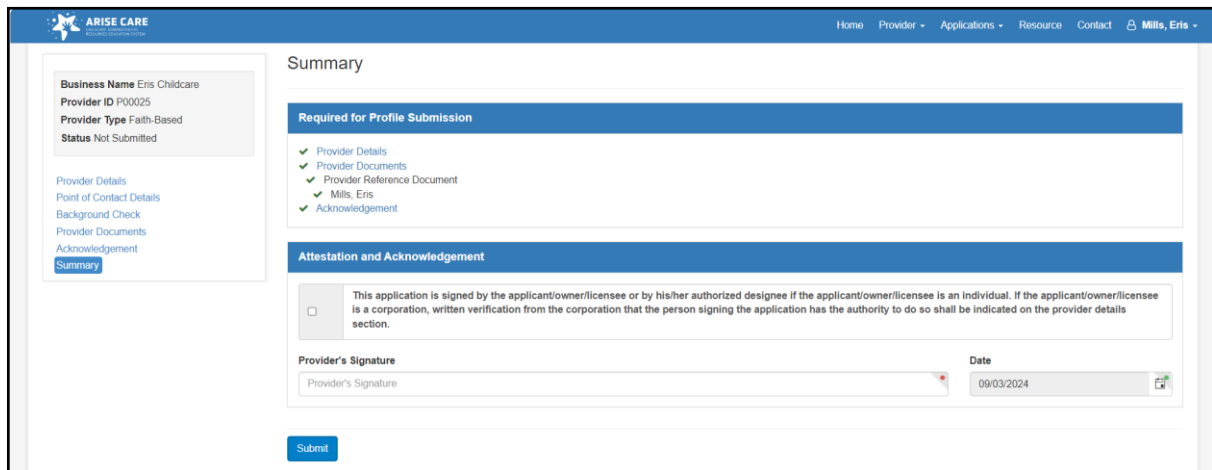


Figure 14: Summary Page

This time, you will see that the list depicts green ticks instead of red crosses. This indicates that all relevant items have been completed.

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’.

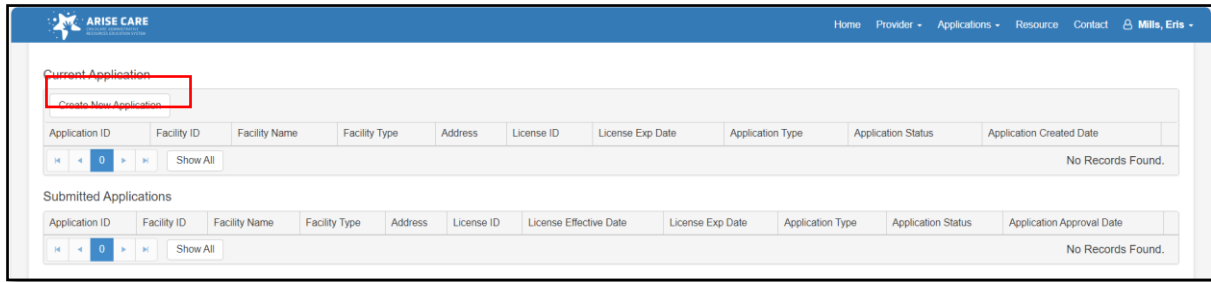
Congratulations! You have successfully submitted your Provider Profile for Approval!

Step Two: Initiate License Exemption Application

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

How to begin your License Exemption Application?

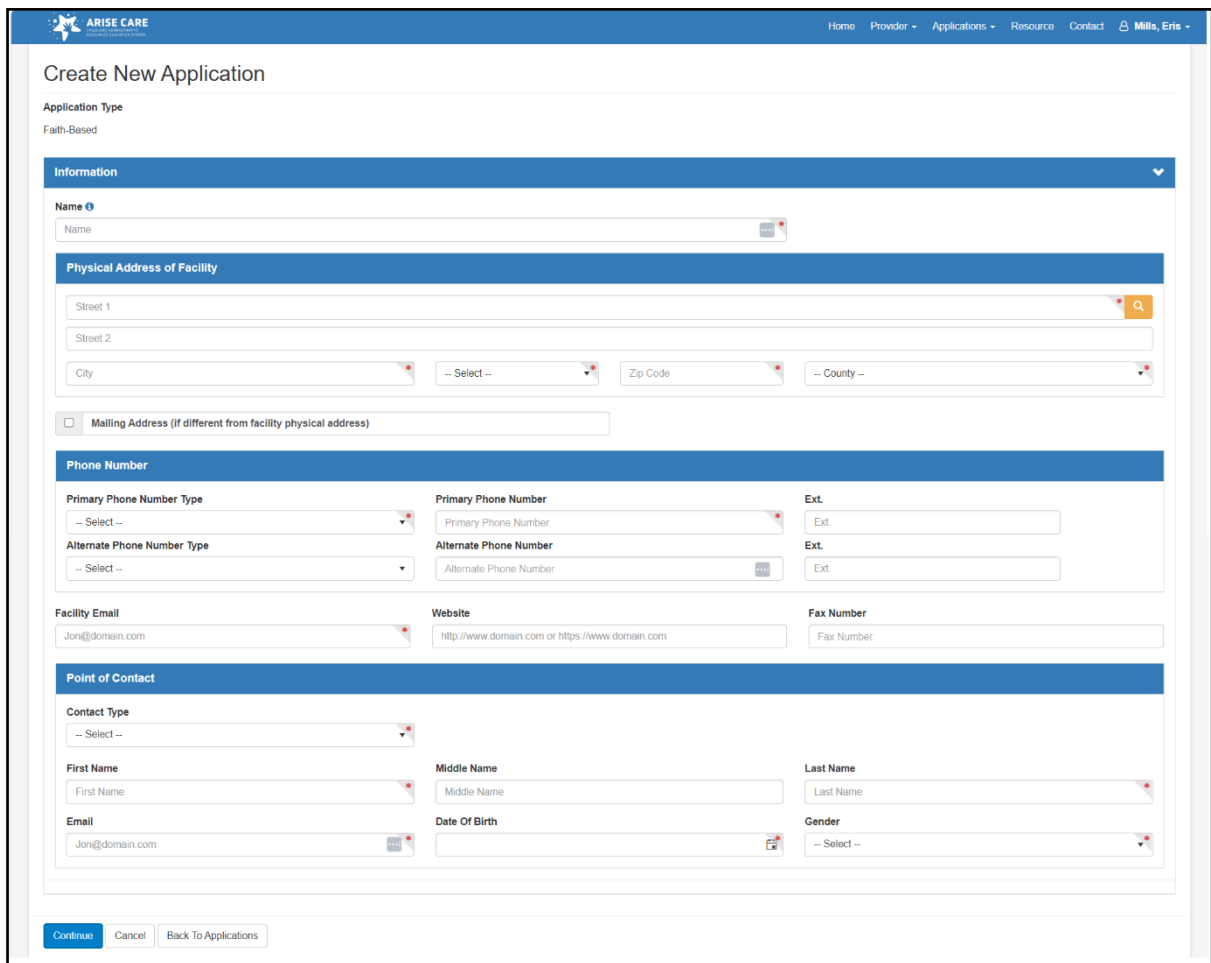
1. Click on the ‘Home’ module at the top of the page to be redirected to landing screen.
2. On the landing screen, click on the ‘Action Needed’ link in the second step – Create First Application – of the application wizard. You will be redirected to the following page:



The screenshot shows the 'Current Application' section with a 'Create New Application' button highlighted by a red box. Below it are two tables: 'Current Application' and 'Submitted Applications'. Both tables have columns for Application ID, Facility ID, Facility Name, Facility Type, Address, License ID, License Exp Date, Application Type, Application Status, and Application Created Date. The 'Current Application' table shows 'No Records Found.' and the 'Submitted Applications' table also shows 'No Records Found.'

Figure 15: License Application Page

- Click on the 'Create New Application' button to be redirected to the following page:



The screenshot shows the 'Create New Application' form. It includes sections for 'Information', 'Physical Address of Facility', 'Phone Number', 'Facility Email', 'Website', 'Fax Number', and 'Point of Contact'. The 'Information' section has a 'Name' field. The 'Physical Address of Facility' section has fields for 'Street 1', 'Street 2', 'City', 'Zip Code', and 'County'. The 'Phone Number' section has fields for 'Primary Phone Number Type', 'Primary Phone Number', 'Ext.', 'Alternate Phone Number Type', and 'Alternate Phone Number'. The 'Facility Email' section has a 'Facility Email' field. The 'Website' section has a 'Website' field. The 'Fax Number' section has a 'Fax Number' field. The 'Point of Contact' section has fields for 'Contact Type', 'First Name', 'Middle Name', 'Last Name', 'Email', 'Date Of Birth', and 'Gender'. At the bottom, there are 'Continue', 'Cancel', and 'Back To Applications' buttons.

Figure 16: Create New Application Form

- Fill in all mandatory fields and click on 'Continue' to move to the next page:

ARISE CARE Home Provider Applications Resource Contact Mills, Enis

Application ID AP026
Date 9/3/2024
Application Type Initial
Facility Type Faith-Based
Name Enis Childcare

Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Insurance Information
Supporting Documents
Acknowledgement
Summary

Facility Information

Information

Name
Enis Childcare

Physical Address of Facility
1203 Maple Street United States
Street 2
Greensboro AL 27405- Autauga

☐ Different Mailing Address

Phone Number

Primary Phone Number Type Cell Phone	Primary Phone Number (096) 912-3456	Ext. Ext.
Alternate Phone Number Type -- Select --	Alternate Phone Number Alternate Phone Number	Ext. Ext.

Facility Email
jenny@sharklasers.com

Website
http://www.domain.com or https://www.domain.com

Fax Number
Fax Number

Point of Contact

Contact Type
(Provider - Licensee) Mills, Enis

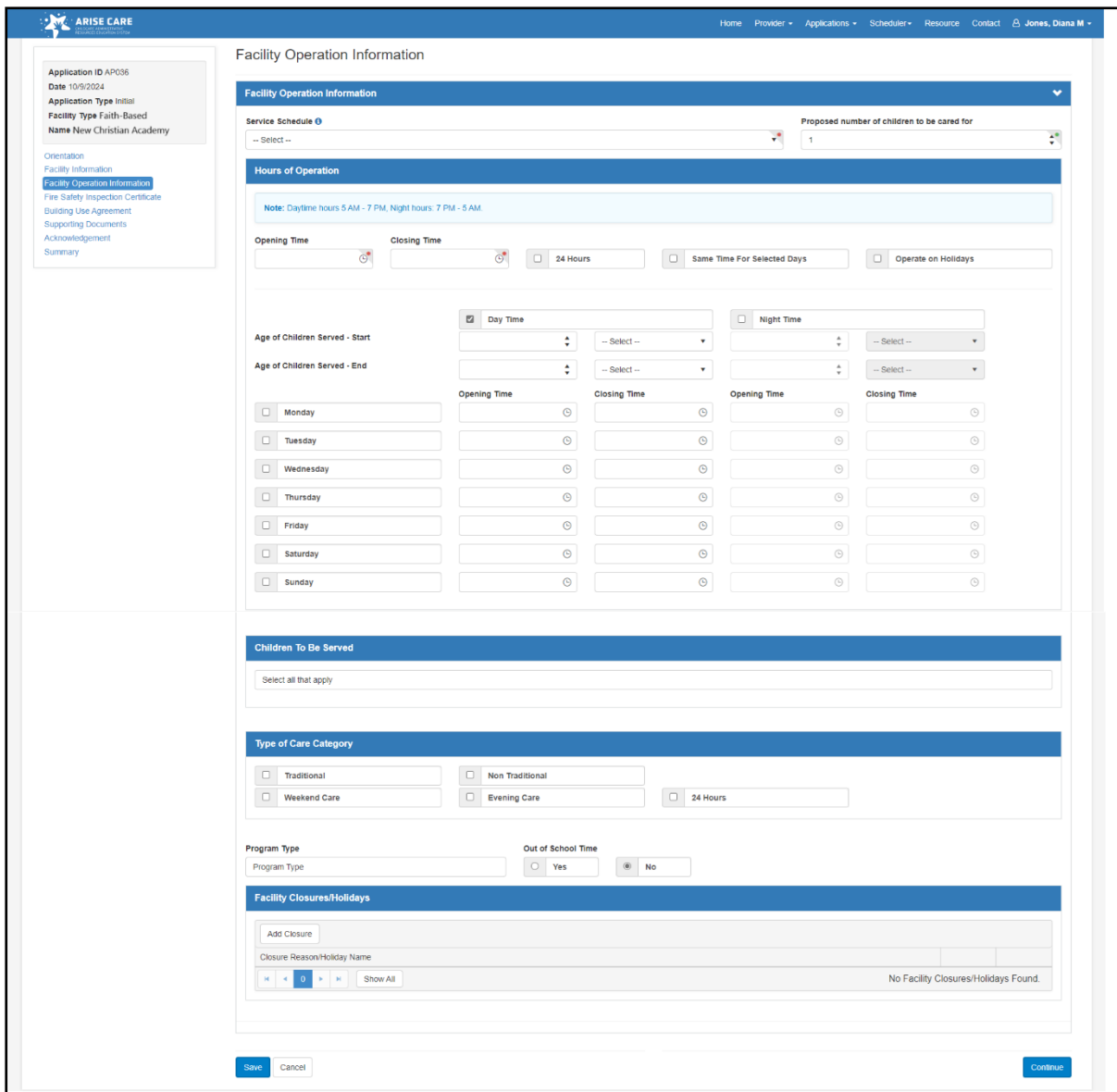
First Name Enis	Middle Name Middle Name	Last Name Mills
Email enis@sharklasers.com	Date Of Birth 03/03/2000	Gender Female

Save **Cancel** **Continue**

Figure 17: Facility Information Page

On this page:

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



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Jones, Diana M

Application ID: AP036
Date: 10/9/2024
Application Type: Initial
Facility Type: Faith-Based
Name: New Christian Academy

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

Facility Operation Information

Service Schedule

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

Age of Children Served - Start ☒ Day Time ☐ Night Time

Age of Children Served - End

	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 ☐ Out of School Time ☐ Yes ☒ No

Facility Closures/Holidays

Add Closure

Closure Reason/Holiday Name

No Facility Closures/Holidays Found.

Save Cancel Continue

Figure 18: Facility Operation Information 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 more.
2. Please refer to the complete Provider Portal User Guide for further guidance on how to fill in this information.
3. Click on the 'save' button to save your progress and proceed to the next step.
4. To proceed, click on the next section of the navigation pane – Fire Safety Inspection Certificate.

You will be directed to the following page:

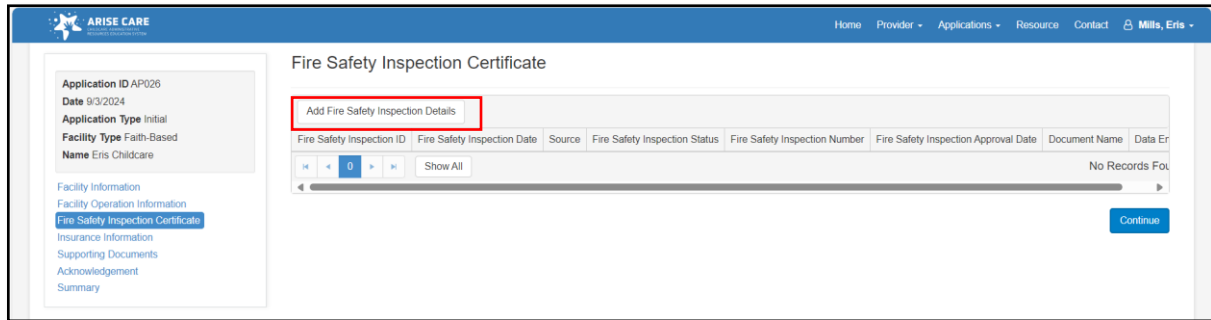


Figure 19: Fire Safety Inspection Certificate Summary Page

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

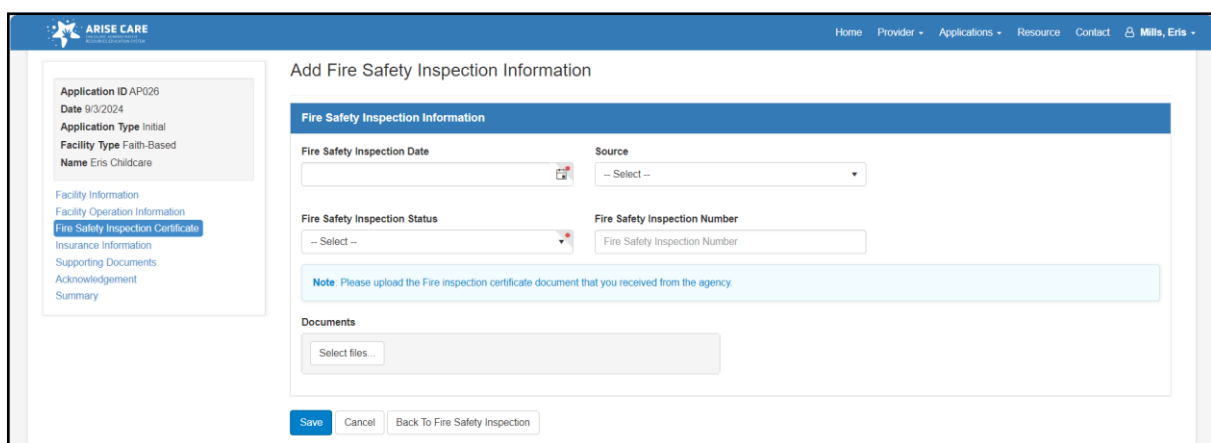


Figure 20: Add Fire Safety Inspection Details

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 Summary Page (Figure 19).

Now, to proceed, click on the next section on the navigation pane on the left – Insurance Information, to be directed to the following page:

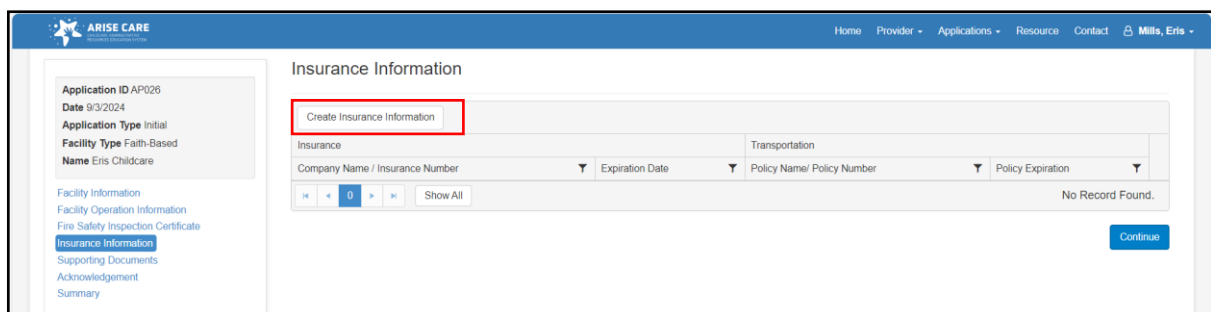
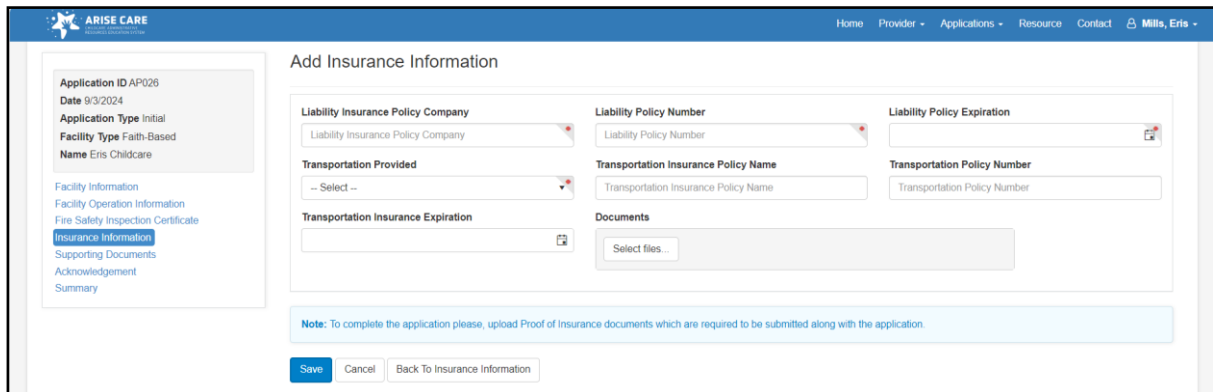


Figure 21: Insurance Information Summary Page

On this page, click on the 'Create Insurance Information' button to be directed to the following page:



Application ID AP026
Date 9/3/2024
Application Type Initial
Facility Type Faith-Based
Name Eris Childcare

Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
Insurance Information
 Supporting Documents
 Acknowledgement
 Summary

Add Insurance Information

Liability Insurance Policy Company
 Liability Insurance Policy Company

Liability Policy Number
 Liability Policy Number

Liability Policy Expiration
 Liability Policy Expiration

Transportation Provided
 -- Select --

Transportation Insurance Policy Name
 Transportation Insurance Policy Name

Transportation Policy Number
 Transportation Policy Number

Transportation Insurance Expiration
 Transportation Insurance Expiration

Documents
 Select files...

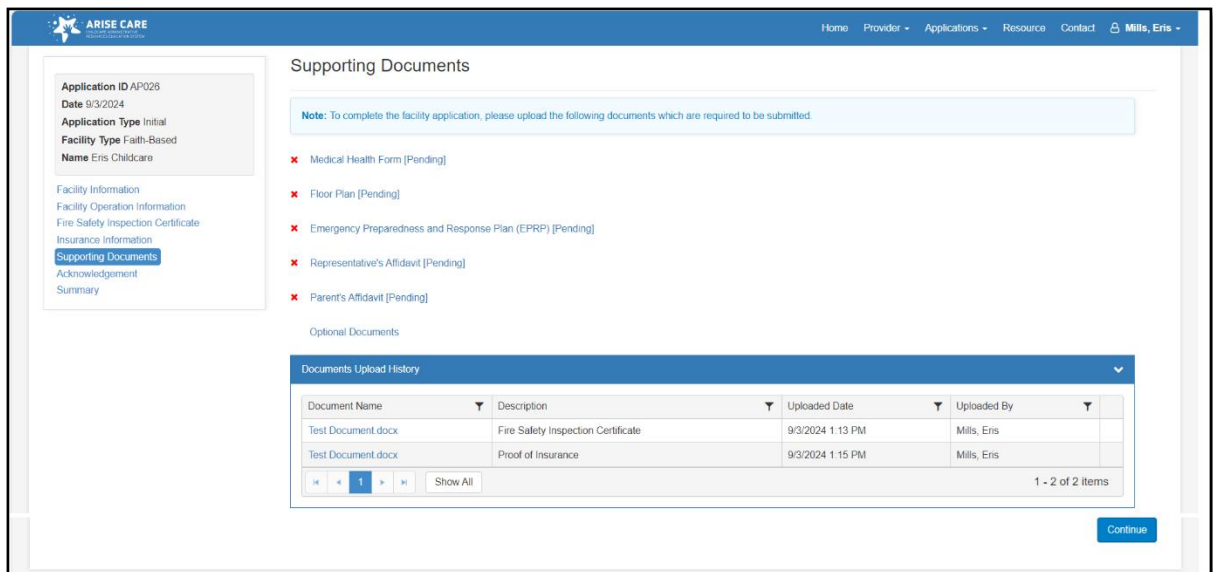
Note: To complete the application please, upload Proof of Insurance documents which are required to be submitted along with the application.

Save **Cancel** **Back To Insurance Information**

Figure 22: Add Insurance Information

1. Fill in all mandatory information
2. Click on 'save' to save your progress and be redirected back to the Insurance Information Summary Page (Figure 21)

To proceed, click on the next link on the navigation pane on the left – Supporting Documents. This action will lead you to the following page:



Application ID AP026
Date 9/3/2024
Application Type Initial
Facility Type Faith-Based
Name Eris Childcare

Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
 Insurance Information
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]
- ✗ Floor Plan [Pending]
- ✗ Emergency Preparedness and Response Plan (EPRP) [Pending]
- ✗ Representative's Affidavit [Pending]
- ✗ Parent's Affidavit [Pending]

Optional Documents

Documents Upload History

Document Name	Description	Uploaded Date	Uploaded By
Test Document.docx	Fire Safety Inspection Certificate	9/3/2024 1:13 PM	Mills, Eris
Test Document.docx	Proof of Insurance	9/3/2024 1:15 PM	Mills, Eris

1 - 2 of 2 items

Continue

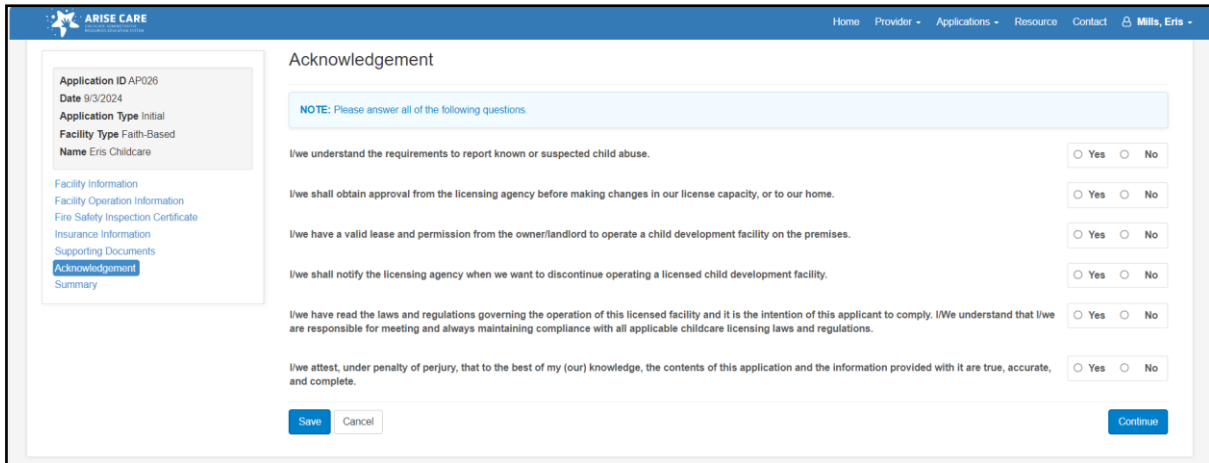
Figure 23: Supporting Documents Page

On this page, you will see a list of clickable items, all referring to the documents to be uploaded.

Complete the section as follows:

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.
3. Ensure that all items have been completed before proceeding.

Once all supporting documents have been saved, click on the next section on the navigation pane on the left – Acknowledgement. Clicking on the link will lead to the following page:



ARISE CARE
CHILD CARE ADMINISTRATIVE
RESOURCES EDUCATION SYSTEM

Home Provider Applications Resource Contact **Mills, Eris**

Application ID AP026
Date 9/3/2024
Application Type Initial
Facility Type Faith-Based
Name Eris Childcare

Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Insurance Information
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

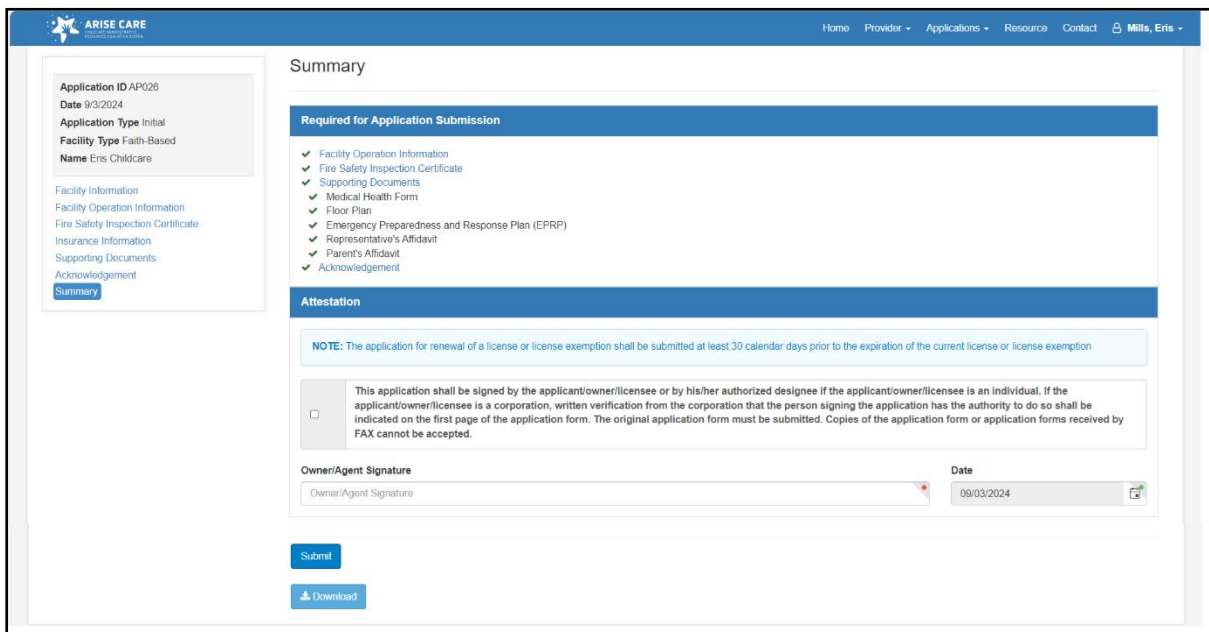
I/we have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/we understand that I/we are responsible for meeting and always maintaining compliance with all applicable childcare licensing laws and regulations. ☐ Yes ☐ 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 24: 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 and move on to the next stage.
4. Click on 'Summary' on the navigation pane to be redirected to the following screen:



ARISE CARE
CHILD CARE ADMINISTRATIVE
RESOURCES EDUCATION SYSTEM

Home Provider Applications Resource Contact **Mills, Eris**

Application ID AP026
Date 9/3/2024
Application Type Initial
Facility Type Faith-Based
Name Eris Childcare

Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Insurance Information
Supporting Documents
Acknowledgement
Summary

Summary

Required for Application Submission

- ✓ Facility Operation Information
- ✓ Fire Safety Inspection Certificate
- ✓ Supporting Documents
- ✓ Medical Health Form
- ✓ Floor Plan
- ✓ Emergency Preparedness and Response Plan (EPRP)
- ✓ Representative's Affidavit
- ✓ Parent's Affidavit
- ✓ Acknowledgement

Attestation

NOTE: The application for renewal of a license or license exemption shall be submitted at least 30 calendar days prior to the expiration of the current license or license exemption

☐ This application shall be signed by the applicant/owner/licensee or by his/her authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/licensee is a corporation, written verification from the corporation that the person signing the application has the authority to do so shall be indicated on the first page of the application form. The original application form must be submitted. Copies of the application form or application forms received by FAX cannot be accepted.

Owner/Agent Signature Date

[Submit](#) [Download](#)

Figure 25: Summary Page

Ideally, at this point, the list will be completed and will only depict green checks (as in the above figure).

In case of any incomplete element, click on the respective link 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. 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 License Exempt Application!