

# Provider Property Damage Claim Form

Claim must be filed in accordance with A.R.S. § 12-821 and 12-821.01

Circle the program applicable to A.R.S. § 41-621 (Foster Care, DDD, Respite-Sitter care, Independent Living)

Name of Property Owner: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## FACTS

DATE OF OCCURRENCE	TIME OF OCCURRENCE	LOCATION OF OCCURRENCE
_____	_____	_____

Name of Client/Foster Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of placement in home: \_\_\_\_\_ Caseworker notified: Yes/No (circle one) Date: \_\_\_\_\_

Caseworker name, phone & email address and agency: \_\_\_\_\_

Provider Name and contact information ( same as property owner): \_\_\_\_\_

Licensing Case Manager Name, phone & email address and agency: \_\_\_\_\_

Licensing Case Manager notified: Yes/No (circle one) Attach a copy of your DES/DCS license (see checklist)

Are there other children/clients living in the home? Yes/No (circle one) If yes, please provide the names, birthdates and relationship to the property owner/provider. (i.e., foster child of property owner/provider, natural child of property owner, etc.) \_\_\_\_\_

Identify the circumstances under which the damages were sustained, the cause, nature and extent of damage. You may attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a written incident report taken? (agency, police, fire, etc.) Yes/No (circle one)

Report/Incident Reference Number: \_\_\_\_\_ Name of reporting entity: \_\_\_\_\_

Attach a copy of the report if available

Witness Information: Please provide names and contact information of individuals that may have witnessed this incident.

\_\_\_\_\_

Amount of Claim \$ \_\_\_\_\_ . Claims against the State must be filed in accordance with A.R.S. §12-821.01, which includes a requirement for a claimant to provide the basis for which liability is claimed and provide a specific amount for which the claim can be settled. Please note claims must be reported **within 180 days** from the date of loss.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HOW TO REPORT A PROPERTY DAMAGE CLAIM UNDER A.R.S. § 41-621:

In the event of an incident that results in damage to your property, the individual provider/property owner should immediately secure the area and remove any potential hazards (broken glass, etc.) and secure the damaged property/area to prevent additional damage or exposure to injury. The incident must be reported to the caseworker and licensing case manager, as well as appropriate authorities such as local police, fire, etc. when applicable.

Review the Provider Indemnity Program information: <https://staterisk.az.gov/insurance/provider-indemnity-program>

Complete the Provider Property Damage Claim form and attach supplemental documentation to support the claim or provide the necessary information under separate cover that includes, but is not limited to:

- A copy of your DES/DCS license (Developmental Foster Home, Family Foster Home, etc.)
- The State program that you and the client were participating in at the time of loss: Foster Care, Independent Living, Respite-Sitter, or Services for the Developmentally Disabled (DDD).
- Date, time and location of the incident.
- Name, address, email address and telephone number of the property owner. Name address, email address and telephone number of the provider (if different from the property owner).
- Name and date of birth of the state client involved. Include the date of placement in the home.
- Caseworker and Licensing Case manager contact information (name, phone, email address and agency).
- A detailed description of the incident, including any unusual circumstances, incident/police/fire reports, witnesses, etc.
- Proof of the loss is the responsibility of the property owner, which must include a description of the damaged property and a receipt, photograph, etc. Retain all damaged property, whenever possible, for inspection by the adjuster.
- An estimate to repair or replace the item. Personal property is typically subject to depreciation and will be reimbursed based on actual cash value or market value.
- Send your claim and supporting documents to:

Office of the Attorney General  
2005 North Central  
Phoenix, AZ 85004
- Keep a copy for your records. Once your claim is received at the Office of the Attorney General. A file will be opened by the Arizona Department of Administration, Risk Management Division. An acknowledgement letter will be generated providing you with your claim number and proper contact information that includes the office address, phone number, etc. To ensure proper handling, any additional communication or documentation should reference the correct claim number and be directed to Risk Management unless otherwise instructed.

Claims against the State must be filed in accordance with A.R.S. §12-821.01, which includes a requirement for a claimant to provide the basis for which liability is claimed, provide a specific amount for which the claim can be settled. Please note claims must be reported within 180 days from the date of loss.