**ARIZONA**
DEPARTMENT
*of* CHILD SAFETY
Office of Licensing
and Regulation

# Demonstration of Needs

## Applicant Information

Name  (First, Middle, Last)

Email Address

Phone Number

Agency Name

Address (Street, City, State, Zip Code)

## Agency Information

CEO Name  (First, Middle, Last)

Per A.R.S. §8-505.c, Describe the Applicant's qualifications to operate a Child Welfare Agency.

"Applicant" means a person or group of persons, including any individual with ownership interest, who submits an application to the Department to become licensed or to renew a license to operate a Child Welfare Agency.

Describe the community/statewide need for the services or programs you intend to provide. Must include the following:

- Verifiable written communication from potential referral sources seeking services from the applicant consistent with their program description;
- An existing contract for Child Welfare services;
- Other verifiable evidence that demonstrates a need for the services.

Describe in detail your first year financial plan.

_____                          _____
*Applicant Signature*                                                                                          *Date*

*This form must be included with initial application, CSO-1719.*