



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.

Please provide any additional information you believe to be pertinent?

Applicant Signature

Date

This form must be included with initial application.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.