



ARIZONA DEPARTMENT OF CHILD SAFETY COMMUNITY SERVICES PROGRAM APPLICATION

Program Information

Agency Name _____ Date of Application _____

Service/Project title _____

Point of Contact _____ Phone _____

Email Address _____

I am aware that program personnel who will have direct access to youth/young adults in DCS custody are required to obtain a Level One Fingerprint Clearance Card and pass a DCS Central Registry check. (initials of individual completing this application) _____
Initials

1 Description of Service
Describe the proposed service, the issue(s) it is designed to address, timelines for service delivery, and how it intends to accomplish its objectives.

2 Target Population
Describe the target population who will receive the service and any eligibility criteria (age, gender, location, etc.).

3 Interventions Tailored to Foster Care Population
Describe specific activities or methods that will be used to engage with youth/young adults who have experienced adverse childhood experiences, or who have unique needs such as mental health problems, identity issues, pregnant/parenting, etc.

4 State Qualifications and Supervision
Provide the number of all staff who will perform service activities, describe their qualifications and skills and outline how they will be supervised.

5 Past Program Performance
Describe the program's history and success in delivering services, and any evidence-based practices used.

6 Support DCS Mission
Describe how the proposed service supports DCS' mission to engage children & families to ensure safety, strengthen families, and achieve permanency.



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7 Measurement and Reporting Effectiveness
Outline the metrics that will be used to assess program performance and success, including how, and how often, program data be reported to DCS.

8 Record Keeping
Describe the record-keeping practices that will ensure client confidentiality.

9 Communications with Professionals
Describe how the program will coordinate with the DCS Specialist and other stakeholders involved in the youth's life.

10 Quality Improvement
Describe the program's commitment to continuous quality improvement and how that manifests itself.

11 Cultural Competency and Diversity
Describe the program's commitment to cultural competence and diversity.

12 Additional Information
Describe any additional program aspects to enhance service delivery, including any additional credentials, memberships, and affiliations.

Signature	Job Title(s)	Date
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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.