****CWDS CARES-LIVE

**Live Demonstration Request Form**

***This form is required to request a CARES-Live demonstration for your County.***

**Available hours for CARES-Live Demo**

* Hours for live demos are **10:00 a.m. to 4:00 p.m.**, Monday through Friday
* Please allow time for testing of equipment

**Cancellation/Changes**

If you need to cancel the live demo request or change requested date(s), **please contact the   
CARES-Live Team** as soon as possible so that the Presenter(s) may adjust travel arrangements.

**Requestor Information**

* Name of County:
* Requestor Name:
* Requestor Phone:
* Requestor Email:
* Location address for requested CARES-Live Demo:

**Requested live demo Information**

* CARES-Live demo requested date(s):
* Requested Hours:
* Estimated Number of Attendees:
* CWS\_\_\_ Probation\_\_\_
* CARES-Live features requested for live demo:
* Identity Management (IDM)\_\_\_ Facility Search and Profile (FS)\_\_\_ Snapshot (SS)\_\_\_
* Child and Adolescent Needs Assessment (CANS)\_\_\_

**Audio/Video/IT needed***(if not available at the county)*

* Projector:
* IT Wireless Connection:
* Cable Connections:

***Note:* *Please schedule 15-30 minutes prior to the requested start time for set up and testing   
of IT connectivity.***

Please submit this completed request to:[***CARES-Live@osi.ca.gov***](mailto:CARES-Live@osi.ca.gov)