|  |  |  |  |
| --- | --- | --- | --- |
| ODMHSAS-Logo-copy | | | |
| TREATMENT AND RECOVERY DIVISION  **TECHNICAL ASSISTANCE REQUEST** | | ***Please complete form and submit to:***  **ODMHSAS STARS Division**  **Attn: Kelli Reid**  **P.O. Box 53277**  **Oklahoma City, OK 73152**  **fax: 405-522-3767 email:** [kreid@odmhsas.org](mailto:kreid@odmhsas.org) | |
| **SECTION I. Agency Information** | | | |
| Enter Date of Request | **Agency:**  Contracted Provider | | **Contact(s):** |
| **Address:** | | | **E-Mail:** |
| **City:** **State:** **ZIP** | | | **Phone: (**      **)**  **Fax: (****)** |
| **SECTION II. Technical Assistance Information** | | | |
| **Referral Source:**  **Name:       Phone:       Email:** | | | |
| **Choose Technical Assistance Type:**  Type (Please use a separate form for each type requested) | | | |
| **Describe the agency’s technical assistance needs:** | | | |
| **SECTION III. Technical Assistance Summary Report (ODMHSAS USE ONLY)** | | | |
| **Date Technical Assistance Delivered: Click here to enter a date**.  **Technical Assistance Provided:** Choose Method | | | |
| **RESULTS:**  **ADDITIONAL COMMENTS:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **STAFF MEMBER (Print or Type)** | | | |