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| 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 |
| **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)** |