TREATMENT AND RECOVERY DIVISION

TECHNICAL ASSISTANCE REQUEST

Please complete form and submit to:
ODMHSAS STARS Division
Attn: Michael Dickerson
2000 N. Classen Blvd., Ste. E600
Oklahoma City, OK 73106
fax: 405-366-2304
email: Michael.Dickerson@odmhsas.org

SECTION I. Agency Information

Date: 
Contracted or Non-Contracted Agency: 
Contact(s): 
Address: 
E-Mail: 
City: 
State: 
ZIP: 
Phone: ( )
Fax: ( )

SECTION II. Technical Assistance Information

Referral Source: 
Name: 
Phone: 
Email: 

Choose Technical Assistance Type: Case Management 
(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: 

Technical Assistance Provided: 

RESULTS: 

ADDITIONAL COMMENTS:

______________________________
STAFF MEMBER (Print or Type)