Oklahoma Department of Mental Health and Substance Abuse Services

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:

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STAFF MEMBER (Print or Type)