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: 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 Agenc	y: Contact(s):
Address:		E-Mail:
City:	State: ZIP	Phone: ()
		Fax: ()
SECTION II. Technical Assistance Information		
Referral Source:		
Name:	Phone:	Email:
Choose Technical Assistance	e 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:		
ADDITIONAL COMMENTS:		
		
STAFF MEMBER (Print or Type)		