



RECOVERY TO PRACTICE
 Recovery Case and Clinical Health Practice Guide

Date Submitted: _____

ONSITE TECHNICAL ASSISTANCE REQUEST FORM

SECTION I – Requester Information

Requestor's Name:	Title:
Requesting Agency/Organization:	
Address:	
Phone:	Fax:
E-mail :	
Date(s) TA Request is Needed:	

SECTION II – Type of TA Request

<ul style="list-style-type: none"> • Onsite Event(s) <p>Name of event(s): _____</p> <p>Date of event(s): _____</p> <p>Size of group: _____</p> <p>Type of event(s): _____</p> <p>Estimated cost(s) associated with event(s): _____</p>	<ul style="list-style-type: none"> • Other: <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SECTION III – Description of TA Request

Provide concise and complete information in each section below. The size of each section will increase as needed to accommodate the additional content.

- 1) **Statement of need:** Describe, as specifically as possible, the condition or issue for which technical assistance is requested. (Attach additional description as necessary.)

- 2) **Goals and Outcomes:** Describe the goals and outcomes you would like to achieve as a result of this technical assistance. (Attach additional description as necessary.)

- 3) **Target Audience/Recipients:** List the intended audience or recipients of the technical assistance.