Request for Intensive Aftercare Programs
Technical Assistance and/or Training

Please complete the following information and email or fax the completed form.

1. Name, address, phone, fax of Requesting Agency:

2. Local Contact/Coordinator and email address:

3. Date of Request:

4. Problem/Needs Statement:

5. Specific Needs/Assistance Requested:

6. Timeframe (by what date would you like the TA/Training to take place and/or be completed):

7. Anticipated Length of Technical Assistance(include off-site and on-site activity):

8. Recipients of Technical Assistance (who will be involved at the local level; include job position of recipients/participants and numbers of participants for training sessions):

9. Expected Outcome:

10. End Products Requested (e.g., summary report w/ recommendations, training curriculum, written assessment, forms, etc.):