

**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: Kodi Pollard**  
**P.O. Box 53277**  
**Oklahoma City, OK 73152**  
**fax: 405-522-3767    email: [kapollard@odmhsas.org](mailto:kapollard@odmhsas.org)**

**SECTION I. Agency Information**

<b>Enter Date of Request</b>	<b>Agency:</b> Contracted Provider	<b>Contact(s):</b>
<b>Address:</b>		<b>E-Mail:</b>
<b>City:</b>	<b>State:</b> OK <b>ZIP</b>	<b>Phone:</b> (    )  <b>Fax:</b> (    )

**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:** [Click here to enter a date.](#)

**Technical Assistance Provided:** [Choose Method](#)

**RESULTS:**

**ADDITIONAL COMMENTS:**

---

**STAFF MEMBER (Print or Type)**