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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-00912 (09/2016) | |  | | **STATE OF WISCONSIN**  Direct questions to: 608-267-9308 |
| **WISCONSIN’S COORDINATED SERVICES TEAM (CST) INITIATIVE**  **REQUEST FOR TRAINING AND TECHNICAL ASSISTANCE** | | | | |
| **INSTRUCTIONS:** | Please provide the information requested below in the fillable spaces. | | | |
| Name of County or Tribal CST Initiative | | | Date of Request | |
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| Name of Contact Person | | | Contact Person Phone Number | |
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| Contact Person Email | | | | |
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| Describe your training or technical assistance need, or if known, the specific activity or assistance you are requesting. (Examples may include but are not limited to: onsite assistance at a coordinating committee meeting; a half-day in-service or training workshop featuring a specific topic): | | | | |

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| Specify the date or timeline for the assistance you are requesting: |

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| Describe the objectives or intended outcomes of the assistance: |

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| If you have an agency, consultant, or individual in mind who you would like to provide the assistance, describe that agency or person, including why that agency or person is qualified to provide the assistance: |

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| Please share any additional comments: |

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| When completed, send your request to: |
| Karen Bittner  Wisconsin Department of Health Services  Division of Mental Health and Substance Abuse Services  1 West Wilson Street  Room 951  Madison, WI 53707  (608) 267-9308  [Karen.Bittner@wisconsin.gov](mailto:Karen.Bittner@wisconsin.gov) |