**Wisconsin’s Coordinated Services Team (CST) Initiative**

**Request for Training and Technical Assistance**

Please complete this form as completely and accurately as possible and submit as far in advance as possible. Feel free to contact your contract administrator for guidance in completing this form. Once your request has been received, Division of Care and Treatment staff will review your request (meetings usually occur 2 times a month). Your Contract Administrator will contact you to gather more information about your request. Based on the information that is provided, DCTS will determine how to meet your needs.

**General Information**

**County or Tribal CST Initiative**:       **Date of Request**:

**Contact Person**:

**Phone**:       **Email**:

**Please respond to the items below, giving as much detail as possible.**

**Topic**:

**Need/Intended Outcomes**:

**Intended Participants**:

**Describe prep work that has been done to prepare the audience:**

**Process (How does your audience learn best)**:

**Additional Resources Available/Needed**:

**Barriers**:

**Describe the follow up plan to incorporate training information into your site’s practice:**

**Potential Training Date or Time Period**:

**Please submit all requests to:**

Karen Bittner

Department of Health Services

Division of Care and Treatment Services

608-267-9308

Karen.bittner@wisconsin.gov

In the subject line of the email, please put the name of your county or tribe along with “TA Request.”