

Tailored On-site Technical Assistance Application Request Form

1. Date: _____
2. Primary Contact: _____
3. Position: _____
4. Agency: _____
5. Agency Address: _____

6. Agency Website: _____
7. Phone: _____ Fax: _____
8. Email: _____

9. Ryan White Funding: Part A ____ B ____ C ____ D ____
(Part D Grantees will be given first preference)

10. Please check the appropriate need(s) for this Technical Assistance (TA) request:

- Development of the Consumer-Provider Partnership for Care (Check all those that apply)
 - The Consumer-Provider Partnership
 - Team Building
 - Roles and Responsibilities
 - Communication Skills
 - A Directive-Client Centered Approach
 - Negotiating and Problem Solving
 - Stigma and Discrimination, and Attitudes and Values
 - Building Relationships
 - Boundaries and Safety Issues

- Implementation of interventions/strategies; if checked, please check which intervention(s) your agency has selected:
 - Social Networks
 - Motivational Interviewing
 - Working with Families
 - Harm Reduction
 - Enhanced Outreach
 - Navigation

11. Clinic/department that will receive the TA: _____

12. Reason for requesting TA: _____

Signature of Person Completing Form _____ Date _____

Signature of Clinic Director/Manager (required) _____ Date _____

Please complete and email or fax request form to:
Cornell Wisby, MSW - Cicatelli Associates Inc.
505 Eighth Avenue, 16th Floor, New York, NY 10018
Fax (212) 629-3321 / Phone (212) 594-7741x 258
Cornell@cicatelli.org

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