

# Tailored On-site Technical Assistance Application Request Form

1. Date \_\_\_\_\_  
2. Primary Contact: \_\_\_\_\_  
3. Position: \_\_\_\_\_  
4. Agency: \_\_\_\_\_  
5. Agency Address: \_\_\_\_\_  
6. Agency Web Site: \_\_\_\_\_  
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 (Circle those that apply)

- Differences between adolescent and adult HIV care services
- Adolescent Development
- Needs of youth as they transition: body, mind and spirit
- Managing change
- Roles and responsibilities of young adult consumers and clinical team
- Young adults as mentors
- Models for transitioning
- Creating a transition plan for the clinic
- Implementation planning
- Challenges of transitioning
- Supervision and boundaries
- Preparing clinical care staff for transition

Preparing Young Adults as Mentors (Circle those that apply)

- Young adults as mentors
- Education and Support
- Mentoring, confidentiality and boundary setting
- Working on a team: treatment planning, case conferencing, problem solving
- Cultural Competency
- Communication skills
- Self management
- Life Skills Preparation\*

\* including knowing when to seek medical care, and identifying and describing symptoms; making, canceling and rescheduling appointments; attending appointments; call for urgent visits; requesting prescription refills; negotiating multiple providers and sub-specialty visits; healthcare insurance; entitlements; and establishing a relationship with the case manager.

11. Clinic/Department that will receive the TA: \_\_\_\_\_

12. Reason for requesting TA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

14. Signature of Clinic Director/Manager (required) \_\_\_\_\_ Date \_\_\_\_\_

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