



Training and Technical Assistance Request Form

TENNESSEE
SYSTEM
of CARE

Date

Name

First name

Last name

Contact information

Phone

Email address

Affiliation

(Please check all that apply)

If Professional, Organization Affiliation:

Level of Time Sensitivity

- Professional
- State Employee
- Family Member
- Youth
- Family Organization Staff

- Urgent
 - Medium priority
 - Low priority
-

Description of training/technical assistance needed (e.g. Wraparound training, Family Engagement resources, etc.)

Description of target audience (e.g. Mental Health Providers, Family Members, etc.)

Preferred date range (if requesting training)

Once completed, please submit this form to Kisha Ledlow, Statewide SOC Technical Assistance Coordinator, at Kisha.Ledlow@tn.gov. If you have any questions, please feel free to contact Kisha via email at the address above or via phone at 615-770-0460.

Thank you very much for your request! Someone will contact you within the next seven business days.