



TECHNICAL ASSISTANCE APPLICATION

Administered by NAPA fASA
 For the California Department of Alcohol and Drug Programs,
 Office of Problem Gambling

[For Administrative Use Only:]

I) LEAD AGENCY

- (100) American Society on Aging [ASA]
- (200) Asian American Drug Abuse Project [AADAP]
- (300) Latino Behavioral Health Institute [LBHI]
- (400) NICOS Chinese Health Coalition [NICOS]
- (500) ONTRACK Program Resources [ONTRACK]
- (600) Union of Pan Asian Communities [UPAC]
- (700) National Asian Pacific American Families Against Substance Abuse [NAPAFASA]

II) TYPE OF EVENT

- Training Consultation Outreach

Curriculum ID Code #:

III) EVENT INFORMATION (please complete all fields)

Date of TA or Training:

Start Time: **End Time:**

Trainer/Consultant (s):

Explain need for multiple consultants:

Training Location (Complete Address):

Number of Expected Participants:

TA location meets Federal and State accessibility requirements for persons with disabilities:

- YES NO N/A

TA location meets the Health Insurance Portability and Accountability Act (HIPPA) [e.g. A space will be provided for individual consultations, if necessary.]

- YES NO N/A

IV) CONTACT INFORMATION (please complete all fields)

Contact Person: **Title:**

Organization:

Address: **County:**

Phone: **Fax:**

E-mail: **Website:**

NAPAFASA USE ONLY:

Action	Initials	Date	Action	Initials	Date
Received by NAPAFASA			Eval received		
Submitted to OPG			Eval entered		
Approved by OPG			30 Day sent		
County AOD Notification			30 Day processed		

VI) ORGANIZATIONAL BACKGROUND

Provide a brief description of your organization:

Describe your organization's need for training, consultation or outreach:

1. Please check **one** of the following categories that best describes your organization:

- | | | |
|---|---|---|
| <input type="checkbox"/> City Agency | <input type="checkbox"/> State Agency | <input type="checkbox"/> California ADP |
| <input type="checkbox"/> California OPG | <input type="checkbox"/> County AOD Program | <input type="checkbox"/> County Agency |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Other Non-Profit | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> School | <input type="checkbox"/> Other | |

2. How did you hear about our Prevention TA services (please check **one**)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Event/Brochure | <input type="checkbox"/> Colleague | <input type="checkbox"/> Internet |
| <input type="checkbox"/> County AOD Program | <input type="checkbox"/> Previous Utilization | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> State Department of Alcohol and Drug Programs (ADP) | <input type="checkbox"/> Other | |

3. Who is receiving the TA or Training (please check **one**)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Management | <input type="checkbox"/> Service Providers | <input type="checkbox"/> Other Staff |
| <input type="checkbox"/> Community Leaders | <input type="checkbox"/> Consumers | <input type="checkbox"/> Other |

4. Which subject **best** describes the area in which you require TA or training (please check **one**)

- | | |
|---|--|
| <input type="checkbox"/> Overview of Problem Gambling | <input type="checkbox"/> Cultural Competency |
| <input type="checkbox"/> Risk and Protective Factors | <input type="checkbox"/> Working with Problem Gamblers |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Community Outreach Strategies |
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Prevention Strategies |
| <input type="checkbox"/> Program Planning | <input type="checkbox"/> Problem Gambling Research, Data and Reports |
| <input type="checkbox"/> Service Referrals | <input type="checkbox"/> Policy Analysis |

5. Will you be requesting Continuing Education Units for the following** (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Substance Abuse Counselors | <input type="checkbox"/> Licensed Clinical Social Workers |
| <input type="checkbox"/> Marriage and Family Therapist | |

This program's technical assistance and training services are provided free of charge, and are funded by the California Office of Problem Gambling.

Please submit completed application (e-mail or Fax) to:

NAPAFASA

Attn: PGP-TA Project

340 E. Second Street, Suite 409

Los Angeles, CA 90012

OFFICE:(213) 625-5795

FAX: (213) 625-5796

Email: mloera@napafasa.org, glee@napafasa.org, clay@napafasa.org, or ekim@napafasa.org

*Please advise that all applications must be submitted 15 days prior to the requested TA date.

** A \$10 processing fee will be assessed for persons applying for CEU credits upon completion of the training.

Updated 8/10/09