

On-site T/TA Network Standard Request Initiation

Instructions

This form begins with a State, Tribe, Territory or Court articulating their need for technical assistance. The information collected in this tool is intended to help the Training and Technical Assistance (T/TA) Network members understand the Technical Assistance (TA) need and determine how best to proceed.

For more information about the T/TA Network, please see: <http://www.acf.hhs.gov/programs/cb/tta/>.

Certain persons are eligible and authorized to request T/TA in a State, Tribe, Territory, or Court. If the request is from a County, Region (within a State), Court, or other source not directly authorized to make such a request, this form should be submitted to your State's or Tribe's administrative/central child welfare office or Court Improvement Project for approval prior to submission. If you have any questions or need assistance completing this tool, please feel free to contact your ACF Regional Office directly. For more information on your Regional Office, please see: <http://www.acf.hhs.gov/programs/oro/index.html>.

Part A – Standard Request Initiation Information

Date of Request:		
Organization Requesting Assistance:		
Requestor's Contact Information	Name:	
	Title:	
	Address:	
	City, State, Zip:	
	Phone:	
	E-mail:	

What is your training or technical assistance (T/TA) request (e.g., description of T/TA need)?

What is the reason for your request and the issue you are trying to address?

At this point in time, have you identified specific National Resource Center(s) (NRCs) or Implementation Center(s) (ICs) for this request?(enter an X in the appropriate box)

	YES
	NO

If YES, put an X in the box next to all of the Centers listed below that apply:

	NRC for Adoption (NRCA)		NRC for Tribes (NRC4Tribes)
	NRC for Child Protective Services (NRCCPS)		NRC for Youth Development (NRCYD)
	NRC for Child Welfare Data and Technology (NRC-CWDT)		Atlantic Coast Child Welfare Implementation Center
	NRC for In-Home Services (NRCIHS)		Midwest Child Welfare Implementation Center
	NRC on Legal and Judicial Issues (NRCLJI)		Mountains and Plains Child Welfare Implementation Center
	NRC for Organizational Improvement (NRCOI)		Northeast and Caribbean Implementation Center
	NRC for Permanency and Family Connections (NRCPFC)		Western and Pacific Child Welfare Implementation Center
	NRC for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP)		

Have you been in contact with the NRC(s) or IC(s)?(enter an X in the appropriate box)

	YES
	NO

Who is the target audience/primary recipient for the T/TA?

What is the history of the issue over the past 3 to 5 years?

Have you received any prior T/TA related to this issue?(enter an X in the appropriate box)

YES

NO

If YES, provide a brief summary of that effort.

How do you expect this T/TA to build your organization's capacity?

What products do you expect from the T/TA provider?

Please return this form to:

For T/TA Network Member Use Only:

T/TA Network Member Receiving Request:

Date Request Received:

Within three calendar days of receipt of the request, the T/TA Network Member will acknowledge receipt to the customer and enter the request information from Part A (above) into OneNet.

Who is completing the *Network Member Only* section of this form?

T/TA Request Entered in OneNet by:

Has the requestor contacted the correct T/TA Network member? (enter an X in the appropriate box)

<input type="checkbox"/>	YES	If YES, move on to the eligibility question.
<input type="checkbox"/>	NO	If NO, make the referral to TTACC, cc the requestor.

List the T/TA Network Member(s) that need to be notified of this request:

<input type="checkbox"/>	NRC for Adoption (NRCA)	<input type="checkbox"/>	NRC for Tribes (NRC4Tribes)
<input type="checkbox"/>	NRC for Child Protective Services (NRCCPS)	<input type="checkbox"/>	NRC for Youth Development (NRCYD)
<input type="checkbox"/>	NRC for Child Welfare Data and Technology (NRC-CWDT)	<input type="checkbox"/>	Atlantic Coast Child Welfare Implementation Center
<input type="checkbox"/>	NRC for In-Home Services (NRCHS)	<input type="checkbox"/>	Midwest Child Welfare Implementation Center
<input type="checkbox"/>	NRC on Legal and Judicial Issues (NRCLJI)	<input type="checkbox"/>	Mountains and Plains Child Welfare Implementation Center
<input type="checkbox"/>	NRC for Organizational Improvement (NRCOI)	<input type="checkbox"/>	Northeast and Caribbean Implementation Center
<input type="checkbox"/>	NRC for Permanency and Family Connections (NRCPFC)	<input type="checkbox"/>	Western and Pacific Child Welfare Implementation Center
<input type="checkbox"/>	NRC for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP)		

Is this person or organization eligible and authorized to request TA?(enter an X in the appropriate box)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO If NO, discuss the correct process with the requestor and refer to the Regional Office Specialist.

Authorizing Official's Contact Information, if applicable (e.g., State Level Contact):

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

How was the need for TA identified? (enter an X in one box)

<input type="checkbox"/>	Self-assessment by State or Tribe	<input type="checkbox"/>	FPO identification of need and outreach
<input type="checkbox"/>	RO identification of need and outreach	<input type="checkbox"/>	CFSR team identification of need and outreach

	NRC identification of need and outreach		Other T/TA Network identification of need and outreach
	IC identification of need and outreach		Other (specify):
	TTACC identification of need and outreach		

In which of the following area(s) of child welfare practice is the State/Tribe primarily requesting T/TA to build its capacity? (mark all that apply):

	General		Child Well-being: Physical Health
	Primary CA/N Prevention		Child Well-being: Mental/Behavioral Health
	Secondary CA/N Prevention		Child Well-being: Educational Needs
	CPS Referral and Intake		Reunification
	Assessment of Safety and Risk		Guardianship
	Comprehensive Family Assessment		Adoption
	Case Planning, Case Management, Caseworker Practice		Transition to Independent Living
	Placement Prevention/In-home Services		Post-permanency Supports
	Out-of-home Care		Court Supervision and Judicial Decision Making
	Placement Decision-making		Legal Representation (parents, children)
	Family Finding		Co-occurrence
	Family Engagement & Involvement in Case Decision-making		Indian Child Welfare Act Implementation
	Enhancing Parental Capacity/Well-being		Tribal Child Welfare Practice
	Resource Family Recruitment, Training, Licensing, and Retention		Cultural Competence
	Placement Stability/Resource Family Supports		Working with Diverse and Special Populations
	Family Contact/Visitation		Case Documentation
	Worker Visits with Child and Family		Other (Specify):

In which of the following organizational and/or systemic area(s) is the State/Tribe primarily requesting T/TA to build its capacity? (mark all that apply):

	Practice Model		Project Management
	Mission/Vision/Principles		Data Analysis/Evaluation
	Policies & Procedures		Disaster/Emergency Preparedness, Response and Recovery
	Leadership Decision-making/Practice		Personnel Compensation/Advancement/Performance System
	Management/Administrative Decision-making/Practice		Communications/Media/Public Relations
	Supervisory Decision-making/Practice		Workforce Recruitment/Selection/Retention
	Caseworker Decision-making/Practice		Leadership Development
	Organizational Structure		Personnel Training System
	Service Array		Personnel Coaching/Mentoring System
	Private Child Welfare Service Provision		Organizational Climate/Culture

	Information Technology/Data System(s)		Consumer/Youth/Parent Family Involvement
	Case Review System		Stakeholder/Partner/Community Relationships & Involvement
	Quality Assurance System/Continuous Quality Improvement		Interagency/Interorganizational Relationships/Collaboration
	Financial Structure/Financial Management		Interjurisdictional Relationships/Collaboration

Other (specify):

If the State/Tribe is requesting T/TA for the explicit purpose of improving a particular CFSR outcome, safety measure, permanency composite, or Chafee outcome, mark all that apply. If no CFSR or Chafee outcomes were explicitly targeted, mark “None”.

	None		CFSR Item 31: Statewide Quality Assurance System
	CFSR Item 1: Timeliness of Investigations		CFSR Item 32: Initial Staff Training
	CFSR Item 2: Repeat Maltreatment		CFSR Item 33: Ongoing Staff Training
	CFSR Item 3: Services to Prevent Removal/Re-entry		CFSR Item 34: Foster Parent Training
	CFSR Item 4: Risk Assessment and Safety Management		CFSR Item 35: Service Array
	CFSR Item 5: Foster Care Re-entries		CFSR Item 36: Service Accessibility
	CFSR Item 6: Placement Stability		CFSR Item 37: Individualized Services
	CFSR Item 7: Permanency Goal for Child		CFSR Item 38: Stakeholder Consultation re CFSP
	CFSR Item 8: Reunification, Guardianship, or Permanent Placement with Relatives		CFSR Item 39: Stakeholder Consultation re APSR
	CFSR Item 9: Adoption		CFSR Item 40: Coordination of Services
	CFSR Item 10: Other Planned Living Arrangement		CFSR Item 41: Standards for Foster Homes and Child-caring Institutions
	CFSR Item 11: Proximity of Placement		CFSR Item 42: Standards Applied to all Foster Homes and Child-caring Institutions
	CFSR Item 12: Placement with Siblings		CFSR Item 43: Compliance with Criminal Background Checks
	CFSR Item 13: Parent and Sibling Visitation		CFSR Item 44: Recruitment for Diversity
	CFSR Item 14: Preserving Connections		CFSR Item 45: Use of Cross-jurisdictional Resources
	CFSR Item 15: Relative Placement		Safety Measure 1: Absence of Maltreatment
	CFSR Item 16: Child's Relationship with Parents		Safety Measure 2: Maltreatment in Foster Care
	CFSR Item 17: Needs and Services		Perm Composite 1: Timeliness and Permanency of Reunification
	CFSR Item 18: Case Planning		Perm Composite 2: Timeliness of Adoptions
	CFSR Item 19: Caseworker Visits with Child		Perm Composite 3: Achieving Permanency for Children in FC for Long Periods of Time
	CFSR Item 20: Caseworker Visits with Parents		Perm Composite 4: Placement Stability
	CFSR Item 21: Educational Needs of Child		Chafee: Financial Self-sufficiency
	CFSR Item 22: Physical Health of Child		Chafee: Educational Attainment
	CFSR Item 23: Mental Health of Child		Chafee: Positive Connections with Adults
	CFSR Item 24: Statewide Information Systems		Chafee: Experience with Homelessness
	CFSR Item 25: Written Case Plan		Chafee: High-risk Behavior
	CFSR Item 26: Periodic Six-month Review		Chafee: Access to Health Insurance
	CFSR Item 27: 12-month Permanency Hearing		Other (specify):

	CFAR Item 28: TPR Process		
	CFSR Item 29: Notification to Parties		
	CFSR Item 30: Foster Care Standards		

If the State/Tribe is requesting T/TA for the explicit purpose of preparing for, developing, or implementing a particular Federal strategic plan, program improvement plan, or review, mark all that apply. If no Federal plan or review was explicitly stated as the reason for seeking T/TA, mark "None".

	None		CFSR PIP
	CBCAP Application		Title IV-E Foster Care Eligibility Review
	CFSP/APSR: CAPTA		Title IV-E Adoption Assistance PIP
	CFSP/APSR: Title IV-B 1 CWS		Title IV-E Foster Care PIP
	CFSP/APSR: Title IV-B 2 PSSF		AFCARS Assessment Review
	CFSP/APSR: Title IV-E Training		SACWIS Review
	CFSP/APSR: Chafee Plan/ETV		Other (specify):
	Court Improvement Program (CIP) Strategic Plan		
	Child and Family Services Review (CFSR)		

What are the objectives for this TA request and how do they link to the plan(s) or review(s) noted above, as appropriate?

Is the need for T/TA related to any of the following (select all that apply):

A. Data issues (e.g., AFCARS/SACWIS, data profiles, building analytic capacity, using data effectively, etc.):		YES		NO
B. Fostering Connections:		YES		NO
C. Other Major Plans/ Initiatives (e.g., pending new State or County legislation, IT system, court settlements, Governor’s Task Force, Tribal Strategic Plan)	Please specify:			

Additional comments related to the T/TA request?

Part B – Member Specific Request Initiation Information

Member Specific Information: (select one)

<input type="checkbox"/>	YES	If YES, see attached.
<input type="checkbox"/>	NO	

Proceed to Assessment Authorization:

Submit the completed TA Request Initiation Tool to the:

1. Regional Office (for NRC requests) or Federal Project Officer (for IC Concept Papers)

AND

2. TTACC

Within seven (7) business days of submission, the Regional Office (for NRC requests) will respond to this request.

Within twenty (20) business days of submission, the Federal Project Officer (for IC Concept Papers) will respond to this request.

For TTACC Use Only

Does the customer have current TA providers working with them? (select one)

<input type="checkbox"/>	YES	If YES, attach current TA Matrix and provide a brief synopsis of the key focus areas.
<input type="checkbox"/>	NO	

Synopsis of Key Focus Areas:

For Regional Office or Federal Project Officer Use

Status of Assessment Decision: (select one)		Assessment Authorization Summary:
<input type="checkbox"/>	YES (Authorized)	
<input type="checkbox"/>	NO (Not Authorized)	
<input type="checkbox"/>	Pending (More Information Required)	
<input type="checkbox"/>	No Authorization Required	
<input type="checkbox"/>	Cancelled (Request Withdrawn)	
Date Assessment Authorized:		
Name of Authorizer:		

Date of Last (or Future) On-site CFSR (as applicable):	
CB CFSR Unit Lead:	Name:
	Phone:
	E-mail:
Date Program Improvement Plan Approved (as applicable):	
Date Program Improvement Plan Completed (as applicable):	
Program Improvement Plan Lead from the Regional Office:	Name:
	Phone:
	E-mail: