[ ] Agency:

Agency Staff:

ESS Staff:

DRS Staff:

Date:  Time Spent:

|  |
| --- |
| Other Persons Involved: |

[ ]  In Person [ ]  By Phone [ ]  Email:

**TA Activity:**

[ ]  Audit/Eval

[ ]  Case Consultation/s

Name:

PID:

CID:

[ ]  Case Review

[ ]  Computer Support

[ ]  Contracts

[ ]  Information/Referral

[ ]  Interagency

[ ]  Management Support

[ ]  Program Review

[ ]  SSA

[ ]  Standards Review

[ ]  Training

[ ]  Other

**TA Issues:**

|  |
| --- |
|  |

**NEXT STEPS:**

|  |
| --- |
|  |
|  |
| **Resolved Date:**  |