

Local Needs Request Form

One form must be completed for each Local Needs request

<u>Date:</u>	4/20/2021
<u>District:</u>	District of Arizona-Probation
<u>Person Requesting Local Need:</u>	Betty Tovar, Contracts Administrator
<u>Project Code Name(s) and Number:</u>	2011 – Substance Use Assessment 2010 – Individual Substance Use Treatment 2030 – Family Substance Use Treatment 5011 – Mental Health Assessment 6010 – Individual Mental Health Treatment 6015 – Individual Treatment for Co-occurring Disorders 6012 – Individual Sex Offender Treatment 6032 – Family Sex Offender Treatment 7013 – Specialized Treatment for Pretrial Defendants, Individual Counseling 7023 – Specialized Treatment for Pretrial Defendants, Group Counseling All catchment areas with listed codes, excluding Kingman, Parker, Flagstaff, Navajo Nation, Tohono O’Odham Nation, and the San Carlos Nation.
<u>Requested Change to SOW:</u>	
The program must have access to treatment staff who are fluent in the Spanish language.	

Approved with no Changes

Disapproved

Signature of OPPS Staff Member/Designee

Date

Signature of OPPS Staff Member/Designee

Date