

Local Needs Request Form

One form must be completed for each Local Needs request

<u>Date:</u>	May 13, 2021
<u>District:</u>	District of Arizona-Probation
<u>Person Requesting Local Need:</u>	Lindsay Riess, Contracts Administrator
<u>Project Code Name(s) and Number:</u>	5011 Assessment, Mental Health 5030 Psychiatric Evaluation 6010 Individual, Mental Health 6015 Individual, Integrated Treatment for Co-Occurring Disorders 6030 Family, Mental Health Flagstaff Catchment
<u>Requested Change to SOW:</u>	
The Vendor shall have a bilingual (Navajo/English) counselor available.	

Approved with no Changes

Disapproved

Signature of OPPS Staff Member/Designee

Date

Signature of OPPS Staff Member/Designee

Date