

OneNet T/TA Request

You are logged in as Western and Pacific CW Implementation Center (WPIC)

WPIC T/TA Case Number: TA856

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Request


Date Request Entered: 09/17/2012

OneNet records *substantial T/TA*. "Substantial T/TA" describes services that are tailored to the specific needs of the State/Tribe in response to a request or application for T/TA. Substantial T/TA is expected to build the requestor's capacity. For the purposes of OneNet entry, substantial T/TA involves at least one hour of either direct TA (in person or remote communication between the provider and the T/TA recipient) or indirect TA (efforts by the provider to prepare tailored products, content, or feedback in lieu or support of direct consultation) in a single business day.

The OneNet T/TA Request Form records any request from a State/Tribe for information or services that the TTACC, NRC, or IC anticipates will require substantial T/TA, regardless of whether or not the provider expects to travel to the requesting jurisdiction. The purpose of the form is to capture and describe the State/Tribe's initial reason for seeking T/TA.

Items with an asterisk after the label are required.

Request Title*:

Date Request Received*: 

State/Tribe/Territory requesting T/TA*:

Select State/Tribes

- Alabama
- Alaska
- Arizona
- Arkansas
- California

Added State/Tribes

-

Click to ADD >>
<< Click to REMOVE

Organization Requesting Assistance:

If other than the State/Tribe child welfare agency, specify the primary recipient (e.g, county or local jurisdiction, court, private agencies operating on behalf of the state, etc.)

Description of T/TA need*:

What is the issue you are trying to address?
What is the history of this issue?

0 characters (6000 max)

How the need for T/TA was identified*:

Other (Specify):

[Access Standard Initiation Request Tool in TTACC Portal](#)

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

Title : **Name:** **Email:** **Phone:** **Extension:**
(XXX-XXX-XXXX)

Requestor's Contact Information*:

Title : **Name*:** **Email*:** **Phone*:** **Extension:**
(XXX-XXX-XXXX)

Address: Organization:
Street:

City: **State:** **Zip:**

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*:

Select Practice Area(s)

- General
- Secondary CA/N Prevention
- CPS Referral and Intake
- Assessment of Safety and Risk
- Comprehensive Family Assessment

Added Practice Area(s)

-

Click to ADD >>
<< Click to REMOVE

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.*:

Select Organizational/Systemic Area(s)

- Practice Model
- Mission/Vision/Principles
- Policies & Procedures
- Management/Administrative Decision-making/Practice
- Supervisory Decision-making/Practice

Added Organizational/Systemic Area(s)

-

Click to ADD >>
<< Click to REMOVE

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 Chaffee outcome, mark all that apply. If no CFSR or Chafee outcomes were explicitly targeted, mark "None"*:

Select Outcomes Targeted

- None
- CFSR Item 2: repeat maltreatment
- CFSR Item 3: services to prevent removal/re-entry
- CFSR Item 4: risk assessment and safety management
- CFSR Item 5: foster care re-entries

Added Outcomes Targeted

-

Click to ADD >>
<< Click to REMOVE

Other (Specify):

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"*:

Select Federal Plan or Review

- None
- CFSP/APSR: CAPTA
- CFSP/APSR: Title IV-B 1 CWS
- CFSP/APSR: Title IV-B 2 PSSF
- CFSP/APSR: Title IV-E Training

Added Federal Plan or Review

-

Click to ADD >>
<< Click to REMOVE

Other (Specify):

Optional Field:

Optional Field:

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

Select Network Member(s)

- AdoptUsKids
- NRC for Adoption (NRCA)
- NRC for Child Protective Services (NRCCPS)
- NRC for Child Welfare Data and Technology (NRC-CWDT)
- NRC for Community-Based Child Abuse Prevention (NRC CBCA)

Added Network Member(s)

-

Click to ADD >>
<< Click to REMOVE

T/TA Request Entered By*:

Assessment Authorization Information

List T/TA Network Member(s) that were consulted regarding this T/TA Request (including your Center)*:

Select Network Member(s)

- AdoptUsKids
- NRC for Adoption (NRCA)
- NRC for Child Protective Services (NRCCPS)
- NRC for Child Welfare Data and Technology (NRC-CWDT)
- NRC for Community-Based Child Abuse Prevention (NRC CBCA)

Added Network Member(s)

-

Click to ADD >>
<< Click to REMOVE

Has the applicable RO/FPO been consulted regarding the T/TA Request?*: Yes No Not Applicable

Status of Assessment Decision*: Authorized Not Authorized More Information Required No Authorization Required Cancelled

If Authorized or Authorization is not required, will the response to this request be integrated into an existing OneNet T/TA Work Plan?* Yes No

TA Case #:

Assessment Authorization Summary*:

0 characters (2000 max)

Date Authorized*:

Name of Authorizer*:

Assessment Authorization Entered By*:

Cancel Save