



## TECHNICAL ASSISTANCE & CENTER CONSULTATION FORM

Staff Name: ..... Date: .....

Time Spent: ..... Type of Contact:  Phone  In-Person  Email

Region(s) Provided: ..... Organization: .....

Organization Type:  Member  Dual Service  Support Member  Ally  Other

### ***Types of Assistance Provided:***

- Nonprofit Consultation  
(may include staff supervision, fund development, nonprofit sustainability, etc.)
- Prevention & Community Outreach  
(may include teen and adolescent audiences, university and college students, law enforcement, criminal justice, etc.)
- Underserved or Culturally Specific  
(may include anti-oppression work, referral to a CSP organization, working with incarcerated survivors, etc.)
- Membership & Certification  
(may include membership and accreditation standards, advocate certification, continuing education and training, etc.)
- Communications  
(may include social media and website, branding and messaging, brochures and publications, etc.)
- Legal Issues  
(may include civil and criminal justice, navigating legal system with immigrant survivors, etc.)
- Other Types of Assistance  
(may include Sexual Assault Response Teams, medical and criminal justice advocacy, Sexual Assault Nurse Examiners, people who cause harm but are also survivors, etc.)

### ***Summary:***

Follow-up Required:  Yes  No

Type of Follow-up Needed:  IowaCASA Staff  CSP Organization  Other

Explain: .....

Staff Member Following Up: ..... Date: .....