TEXAS Health and Human Services Commission

Center for Elimination of Disproportionality and Disparities

Training and Technical Assistance Request Form

Please help us assess your technical assistance needs by completing this form. This information will help us determine the type of resources and/or staff assistance, we can provide. There is no cost associated with this service. Please submit this form at least 30 days in advance for event requests. We will review your request and contact you within three (3) to five (5) business days. If you have not been contacted by someone from the Center for Elimination of Disproportionality and Disparities (Center) within five (5) days, please contact us. For assistance with completing this form, please contact the Center at 512-380-4300 (toll-free 877-316-2822) or CEDD@hhsc.state.tx.us.

Red fields indicate a required entry. Please complete all applicable fields so that we can assist you better. Thank you.

Reset Form

Date of request:

Requestor's Name:

Title:

Email Address:

Name of organization/program:

Telephone Number (no spaces or dashes):

Mailing Address:

Type of organization:

Area:

Other

Which program/focus area are you requesting assistance from:

☐ Minority Health & Health Equity ☐ Border Affairs ☐ Equity & Inclusion

Describe the population you serve (i.e.,. gender, race/ethnic group, age group, geographic location, income group, etc.):

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Services Requested (check all that apply):

- ☐ Courageous Conversations Training (4 hrs.)
  Continuing education available
- ☐ Equity in Health and Human Services Workshop (8 hrs.)
  Continuing education available
- ☐ Poverty Simulation (3-4 hrs.)
  Continuing education available
- ☐ Knowing Who You Are Training (2 days)
  Continuing education available
- ☐ Presentation/Overview of the Center (1-1.5 hrs.)
- ☐ Provide a health or health equity-related presentation.
- ☐ Speaker for a conference or workshop.
- ☐ Culturally and Linguistically Appropriate Services (CLAS) Standards Training
- ☐ Representation for committees or workgroups.
- ☐ Input and/or collaboration on grant applications, projects, or activities.
- ☐ Assistance with organizational leadership development.
- ☐ Assistance with data assessment by race/ethnicity.
- ☐ Other technical assistance (i.e., document/resource materials review and feedback, assessment of program/organization).

Describe your request in detail. Please include steps you have already taken to address the issue, if any, and the role you envision for the Center:

Due date (if applicable):

Desired outcomes:

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If this request is for a training or presentation, select the industry the audience represents:

- ◯ Health
- ◯ Religious
- ◯ Other _____
- ◯ Education
- ◯ Legal
- ◯ Justice and Corrections
- ◯ Human Services

Describe the participants and the expected number (i.e., community members, organization executives, etc.):

Is this presentation needed in a language other than English? ☐ Yes ☐ No

If so, specify language:

Has this group received a similar training in the past? ☐ Yes ☐ No ☐ Not sure

If so, please describe:

Additional details (e.g., meeting time, location, etc.):

Print Form

Submit by Email

Please print this form for your records. You may click on "Submit by Email" to have the form emailed directly to the Center; or you may print the form and fax it to the Center at 512-380-4500; or scan and email to CEDD@hhsc.state.tx.us.

For Center Use Only

Date request received:

Forwarded to/Handled by:

Date request completed: