

## Ask the Question (ATQ): Ask, Link, Collaborate Technical Assistance Program



### Enrollment Form

Enrollment forms must have complete information to be accepted. Submit the completed application including answers to the questions listed at the end of the application form via email to: [Amy.Cook@nh.gov](mailto:Amy.Cook@nh.gov) .  
 Enrollment forms will be accepted on a rolling basis until all spots are filled or the authorized funding expires.

<b>Name of Organization:</b>			
<b>Address:</b>			
<b>City:</b>	<b>Zip Code:</b>		
<b>Website Address:</b>			
<p><b>Please check all of the following that applies to your organization.</b>  <b>In order to be eligible for participation, enrolled organizations must identify, refer, assess and/or treat military/Veterans for <i>risk of substance use disorder</i>.</b>                  Military and Veterans in New Hampshire often seek services in the community; therefore, it is assumed that your organization will provide services to this population at some point in time with, or without, your knowledge. For the purposes of eligibility determination, you do not need to prove that you provide services to this population. We only ask what type of services you provide—please check any that you provide below.</p>			
<input type="checkbox"/>	<b>Identify</b>	<input type="checkbox"/>	<b>Refer</b>
<input type="checkbox"/>	<b>Assess</b>	<input type="checkbox"/>	<b>Treat</b>
<p><b>Does your organization currently identify Service members, Veterans and/or their family members at the point of intake?</b>                  Answering yes or no will not exclude you from participating in this program.</p>			
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<p><b>Does your organization currently accept TriCare, Veterans Choice and/or Martins Point insurance coverage?</b>                  Answering yes or no will not exclude you from participating in this program.</p>			
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<p><b>Estimate # of staff who you anticipate would attend the program’s live, virtual training (topic: identifying Service members &amp; Veterans and resources available in NH for military-connected individuals).</b>                  Trainings will be live on a virtual platform and multiple dates will be available. Length of training will be approximately 2 hours.</p>			
<p><b>Is leadership in support of the organization’s participation?</b></p>			
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<p><b>Does the organization agree to participate in the program’s data collection and reporting requirements?</b>                  Refer to the program’s Data Collection Plan (available at <a href="http://www.dmavs.nh.gov/community-based-military-programs/ask-link-collaborate-technical-assistance-program">www.dmavs.nh.gov/community-based-military-programs/ask-link-collaborate-technical-assistance-program</a> ). <i>*No identifying personal data will be collected on patients/clients.*</i></p>			
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<b>Name of Point of Contact/Team Lead:</b>		<b>Phone:</b>	
<b>Title/Role:</b>			
<b>Email:</b>			

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### Attach a separate paper to address the following questions:

1. Describe your organization, its mission and how you currently approach working with Service members and Veterans.
2. Identify the types of staff in your organization who benefit from being informed about resources available to military-connected clients/patients (eg. counselors, direct support professionals, peer counselors, clinicians, medical personnel, human resources staff, or others?).
3. Describe how your organization would benefit from participation in this program. Please include what you perceive to be the biggest challenge currently preventing the organization from either identifying SMVF at intake and/or operationalizing an effective procedure for addressing the needs of those identified.
4. Names and titles/roles of staff who would be willing to participate on an internal team tasked with developing a plan to outline how the organization intends to implement recommended changes if invited. Internal teams of enrolled organizations will participate in 2 Focus Groups (one at the beginning and one at the conclusion of the program) and at least one consultation with the Division of Community Based Military Programs to develop a plan and facilitate implementation of changes & data collection for the program. Additional consultations and other forms of technical assistance necessary for successful implementation will be available as needed. Organizations will have the flexibility to decide who is appropriate to participate on the internal team, focus groups and/or consultations. In the past, some organizations have had senior leadership work on this; others create an internal team to put together a recommendation for senior leadership to approve. By providing the names, titles/roles of staff in your organization who might participate in this portion of the program, it will help the Division of CBMP anticipate what type of approach your organization intends to utilize. There is no minimum or maximum number of staff you should consider.

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Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility Confirmed: \_\_\_\_\_