Task Force Participants Form 2020

Check Quarter: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

TASK FORCE:
Deconfliction Platform (Case Explorer or RISS):
Task Force Commander:
Phone:
Email:

Please include the information for all those participating in your task force during the quarter specified, including TFC

Name (Last Name, First Name)	Position	Parent Agency	Deconfliction (Y/N)	Co-Located (Y/N)	Fulltime (Y/N)	AHIDTA Overtime (Y/N)