**OPT DOCUMENTATION FORM**

**Jurisdiction:**
List the agencies/partners that participate in your Overdose Prevention Team (OPT)

| **Sector\*** | **Agencies/Partner Organization Name** | **Contact Name** | **Contact Email Address** |
| --- | --- | --- | --- |
| **Health & Medical** |  |  |  |
| **Social Services** |  |  |  |
| **Education** |  |  |  |
| **Law Enforcement** |  |  |  |
| **Fire Services** |  |  |  |
| **Emergency Services** |  |  |  |
| **Harm Reduction Programs** |  |  |  |
| **Recovery Support Programs** |  |  |  |
| **Treatment Providers** |  |  |  |
| **Other Community or Faith-Based Partners** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Feel free to add additional rows as necessary. Please also submit an OIT organizational chart if one exists.