



## **Tribal Consultation Form** **Formal Request for Tribal Consultation**

Date:

Name of Tribal Executive Leadership  
Requesting Tribal Consultation:

Tribe/Organization:

Name of Submitter:

Title of Submitter:

Submitter Email:

Address:

City:

State:

Zip:

Description of Issue/Topic:

Additional Information Pertaining to the Request:

Completed form(s) can be submitted to the AHCCCS Tribal Relations Liaison via one of the following:

Email: [amanda.bahe@azahcccs.gov](mailto:amanda.bahe@azahcccs.gov)

Mail: Attn: Amanda Bahe, 801 E. Jefferson, MD-4200, Phoenix, AZ 85034

Fax: 602-256-6756