

# Meeting Request with Casey Copeland, Director of Recovery Services, PRPS

Arkansas Department of Human Services

Office of Substance Abuse and Mental Health

Name: \_\_\_\_\_

**Reason for Meeting (please include agenda or talking points):**

---

---

---

---

Would you prefer that this meeting be virtual or in person?      ☐ Virtual      ☐ In Person

Director Copeland has standing appointments on the following dates and times. Please avoid these times when providing possible meeting times:

- Mondays from 11:00am-12:00pm
- Mondays from 1:00pm-3:00pm
- Tuesdays from 8:00am-9:00am
- Wednesdays from 10:00am-12:00pm
- Wednesdays from 2:00pm-3:00pm
- Thursdays from 10:00am-11:00am
- Fridays from 9:00am-11:00am

**Please provide four (4) possible dates and times you are available to meet:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please return to:**

Casey Copeland, Director of Peer Services, PRPS

[Casey.Copeland2@dhs.arkansas.gov](mailto:Casey.Copeland2@dhs.arkansas.gov), 501-478-9091