Family Care
Care Management Organization
MCDA
Milwaukee County
Department on Aging

LTC: Let's Take Care

Date: _____

Contact Name: _____

Agency: _____

Address: _____

Phone Number: _____Email Address: _____

Provider Service Type:

- ☐ Adult Family Home (1-2 bed) Capacity _____
  Ambulatory _____ Semi Ambulatory ____ Non Ambulatory ____
- ☐ Adult Family Home (3-4 bed) Capacity _____
  Ambulatory _____ Semi Ambulatory ____ Non Ambulatory ____
- ☐ Community Based Residential Facility Capacity _____ Class _____
- ☐ Residential Care Apartment Complex Capacity _____ Class _____
- ☐ Skilled Nursing Facility Capacity _____
- ☐ Adult Day Care Capacity _____
- ☐ Transportation
- ☐ Other (Please specify)_____

Client Groups Served:

- ☐ Alcohol/Drug Dependency
- ☐ Developmentally Disabled
- ☐ Emotionally Disturbed /Mentally Ill
- ☐ Correctional Clients
- ☐ Terminally Ill
- ☐ Advanced Aged
- ☐ Physically Disabled
- ☐ Irreversible Dementia/Alzheimer's
- ☐ Traumatic Brain Injury

Please send in this form using one of the following methods:

Mail: MCDA CMO
Attn: Cheryl McQueen
310 West Wisconsin Avenue, 6th Floor East Tower
Milwaukee, WI 53203

E-mail: cheryl.mcqueen@milwaukeecounty.com