Submit to THERESA RANDALL
FAX: 414-257-7575 / Phone: 414-257-8108

2011 Wraparound Milwaukee Provider Network

DIRECT SERVICE PROVIDER ADD REQUEST

Entered by:_____

Date: _____

Date_____ Agency Name _____

Contact Person _____ Phone Number _____ FAX Number _____

NOTE: INCOMPLETE forms and forms that are NOT dated and signed will not be processed.

CHECK ONE								CREDENTIALS (CHECK ONLY IF ATTACHED)				
EMPLOYEE	CONTRACT STAFF	(Check Box if NEW STAFF) PRINT **Provider Name** (Last Name, First Name)	**Provider D.O.B.**	CHECK IF BILINGUAL	One Service Per Line **REQUIRED Service Code**	Service Code and Service Name Must Match **Service Name**	**Required for AODA and Mental Health Providers NPI Number**	15 Hr Training Certificate	Wisc. State License	3000 Hour Letter	University/College Degree	Resume or Letter of Recommendation
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Background checks must have been completed on staff identified above within the last 4 years and must be available for review upon request.

Submit Wisconsin State Dept. of Justice and/or Dept. Regulation and Licensing report to Wraparound for review if a criminal record, denial or revocation is noted.

Agencies on "Conditional Status" are asked to submit 3-part background check for ALL providers of the service/s on "Conditional Status".

Wraparound Milawukee Use Only:

Prepared by:_____ Date:_____

Rev 8 & 12/06; 4/08; 2/09; 10/09; 12/09;11/10