



2012 Wraparound Milwaukee Provider Network
DIRECT SERVICE PROVIDER ADD REQUEST

Entered by: _____
Date: _____

Date _____ Agency Name _____

Contact Person _____ Phone Number _____ FAX Number _____

CHECK ONE		NOTE: INCOMPLETE forms and forms that are NOT dated and signed will not be processed.					CREDENTIALS					
EMPLOYEE	CONTRACT STAFF	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	CHECK ONLY IF ATTACHED				
								15 Hr Training Certificate	Wisc. State License	3000 Hour Letter	University/College Degree	Resume or Letter of Recommendation
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											

Submit BID, Wisconsin State Dept. of Justice, and/or Dept. of Reg. and Licensing report with this request if a criminal record, denial, or revocation is noted.

Submit Driver's License abstract if any history of citations, fines, revocations, expirations, or other actions is shown.

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

By checking this box I attest that 3-part Background Checks have been conducted for all individuals named on this form within 90 days of this request and that no arrest or conviction conviction record exists as indicated by a DOJ report showing "No Record Found" for any individuals with no additional documentation attached, and that the DHS letter shows no administrative findings or license restrictions, AND that a driver's abstract has been run within 90 days of this request and shows no history of citations, fines, revocations, expirations, or other actions.

Prepared by: _____

Date: _____

Wraparound Milwaukee Use Only: