



WRAPAROUND MILWAUKEE/REACH/PROJECT O'YEAH
**POSITIVE RECOGNITION
 ANNOUNCEMENT**



To be completed by an individual who would like to acknowledge/recognize a Youth, Young Adult, Parent/Caregiver, Service Provider, etc. within the Wraparound/REACH Program or Project O'YEAH. If you need help in completing this form please call the Wraparound Quality Assurance Department at (414) 257-7608.

Date _____

Name of Person completing the report: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____
 Agency:(If applicable) _____

What is **your** relationship to Wraparound/REACH/Project O'YEAH? (Please Check) Parent/Caregiver Enrollee
 Care Coordinator/Transition Specialist / Supervisor Provider BMCW Staff Probation/CCC Staff
 Other _____

Name of Person(s)/Agency that you'd like to recognize: _____
 What Agency are they associated with? (if applicable) _____
 Address of Person/Agency: _____

What is **their** relationship to Wraparound/REACH/Project O'YEAH? (Please Check) Parent/Caregiver Enrollee
 Care Coordinator / Transition Specialist/Supervisor Provider BMCW Staff Probation/CCC Staff
 Other _____

Describe why you want to recognize/acknowledge this Person(s)/Agency:

We would like to share this info. with the Person/Agency you are recognizing. Do we have your approval to do so?
 YES NO

THANK YOU FOR YOUR POSITIVE FEEDBACK 😊

Please return or FAX this form to: Wraparound Milwaukee
 c/o Quality Assurance - Pam Erdman
 9201 Watertown Plank Rd.
 Milwaukee, WI. 53226 FAX: (414) 257-7575

DO NOT WRITE BELOW THIS LINE

Date Individual/Agency was contacted regarding report? _____ By: _____ Copy Sent

NOTE: Original- to person being recognized; Copy - Wrap Admin./D.J. for Newsletter/QA Binder
 c/wrapcmn/erdman/positiverec 4/4/07 2/10/09