SERVICE AUTHORIZATION REQUESTS ARE PROCESSED WITHIN 48 HOURS OF RECEIPT.
FOLLOWING VERIFICATION OF PROVIDER CREDENTIALS/LICENSING. CARE COORDINATORS WILL BE NOTIFIED WHEN THE AUTHORIZATION HAS BEEN PROCESSED AND ENTERED INTO SYNTHESIS.

YOUTH NAME:_____ D.O.B:_____

SERVICE PROVIDER INFORMATION

NAME:_____

ADDRESS:_____

_____

PHONE NUMBERS: HOME:___( )_____ CELL:___( )_____

SERVICE INFORMATION

TYPE OF SERVICE ***(please check one):*** ☐ Foster Care ☐ Kinship Care ☐ Respite, Foster Care

SERVICE MONTH:_____ RATE:_____ # OF DAYS:_____

Submitted By:

_____ _____
Care Coordinator Signature Date

Supervisor Review / Approval:

_____ _____
Supervisor Signature Date

COMMENTS:

_____
_____
_____
_____

Office Use Only:

Date Processed:_____ ☐ Care Coordinator Notified / Date:_____

Reviewer Signature:_____

Return completed form to Theresa Randall, Wraparound Milwaukee – Provider Network
FAX (414) 257-7575
9201 Watertown Plank Road, Wauwatosa, WI 53226 / Telephone (414) 257-8108