



Wraparound Milwaukee Integrated Provider Network
ADD DIRECT SERVICE PROVIDER SHEET

Entered by: _____
 Date: _____

Date _____ Agency Name _____

Contact Person _____ Phone Number _____ FAX Number _____

NOTE: Forms that are NOT dated and signed will not be processed.				Required for AODA and Mental Health Providers	CREDENTIALS							Wraparound Use Only	
(Check Box if NEW STAFF) PRINT Provider Name (Last Name, First Name)	CHECK IF BILINGUAL	One Service Per Line REQUIRED Service Code	Service Code and Service Name Must Match Service Name		NPI Number	CHECK ONLY IF ATTACHED							
						15 Hr Training Certificate	WBC Certification	Wisc. State License	3000 Hour Letter	EDS Letter	University/College Degree		Resume or Letter of Recommendation
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Background checks have been completed on all of the above staff within the last 4 years and are available upon request at the above agency.
 Submit Wisconsin State Dept. of Justice and/or Dept. Regulation and Licensing report to Wraparound for review if criminal record, denial or revocation is noted.

Prepared by: _____

Date: _____