

## Wraparound Milwaukee Provider Network Add Request for all Staff/Provider Types

Date \_\_\_\_\_ Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

CHECK ONE		Staff/Provider Name <small>(Last Name, First Name)</small>	Date of Birth	Identify Functional Area <small>(Provider, billing, supervision, executive/management, quality assurance, client records, youth care worker, facility worker, etc.)</small>	For Direct Service Providers only						check if bilingual	WCCA/CCAP Reviewed **				
EMPLOYEE	CONTRACT STAFF				Service Name	Service Code(s)	NPI Number	CREDENTIALS / EDUCATION						YES	NO	
								CHECK ONLY IF ATTACHED								
<input type="checkbox"/>	<input type="checkbox"/>							15 Hr Training Certificate	WI State License OR 3000 Hour Letter	University/College Diploma/Transcript	Resume OR Letter of Recommendation	Specialty/Interest Declaration Form				

**INCLUDE/SUBMIT THE FOLLOWING: (background check and driver's abstract shall be dated no more than 90 days prior to this request)**

- (A) All three parts of the background check; (1) Background Information Disclosure Form (BID), (2) Dept. of Justice Report (DOJ), (3) Dept. of Health Services Report (DHS)
- (B) Driver's license abstract, if using a vehicle for any purpose connected to provision of services (includes travel to/from appointments); if driving does not apply to the position, indicate:  
**Staff/Provider will not drive:**
- (C) Provider interest/specialty declaration form, for staff who provide direct care and/or services to a service recipient

**\*\* WCCA/CCAP (Wisconsin Circuit Court Access) records may be requested and considered by Wraparound Milwaukee, so is recommended as part of the agency's screening process (wcca.wicourts.gov)**

Prepared by: \_\_\_\_\_

**To submit:** Combine this form with other add materials, save as a pdf (firstinitiallastname.pdf), and upload to your agency's Synthesis Vendor Demographics page. Each add request must be submitted as a separate file.

For more information on uploading a document, go to [wraparoundmke.com](http://wraparoundmke.com)>Provider Network>Provider Network Frequently Used Forms, and follow the link to "How to upload a file to Synthesis".

For more information on the Staff/Provider add process, see Wraparound Policy #035, Provider Add/Drop, at <http://wraparoundmke.com/wp-content/uploads/2013/07/035-Provider-Add-Drop.pdf>