



## WRAPAROUND MILWAUKEE PROVIDER EXPERTISE/INTEREST DECLARATION FORM



FORM MUST BE ATTACHED TO ALL REQUESTS TO ADD DIRECT SERVICE PROVIDERS  
FOR PROVIDERS WISHING TO DECLARE AREAS OF EXPERTISE AND/OR TREATMENT APPROACHES AND INTERESTS

### USE THIS FORM TO IDENTIFY OR UPDATE PROVIDER AREAS OF EXPERTISE, TREATMENT APPROACHES, INTERESTS & LANGUAGE PROFICIENCIES COMPLETE A SEPARATE FORM FOR EACH DIRECT SERVICE PROVIDER

A provider “specialty” reflects an area(s) of expertise gained through education/training, professional/volunteer experience, or life experience (such as a personal or family member experience with a particular condition, like raising or fostering a child with complex needs, having been adopted, etc.) which lends itself to working with the Wraparound population.

**SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH “EXPERTISE” REQUEST:**

- ❖ Treatment Approach: **CERTIFICATION, TRAINING VERIFICATION, SUPERVISION/CONSULTATION**
- ❖ Professional or Volunteer Experience: **LETTER OF REFERENCE**
- ❖ Life Experience: **STATEMENT DESCRIBING THE EXPERIENCE**
- ❖ Education or Training: **TRANSCRIPT**

**SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH “INTEREST” REQUEST:**

- ❖ **STATEMENT DESCRIBING THE EXPERIENCE**

Wraparound Milwaukee enrolled families and Care Coordinators can view specialty information in the Resource Guide.

#### PROVIDER INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
*(List the name of the Wraparound Milwaukee agency(ies) where you work)*

#### EXPERIENCE AREAS

*(check the areas that apply to your professional, volunteer, life experience or training)*

#### IDENTIFY A MAXIMUM OF TWO

**NO TREATMENT APPROACHES TO DECLARE**

TREATMENT APPROACH		YEARS	TREATMENT APPROACH		YEARS
<input type="checkbox"/>	APPLIED BEHAVIOR ANALYSIS (ABA)		<input type="checkbox"/>	ART THERAPY/MODALITIES	
<input type="checkbox"/>	COGNITIVE BEHAVIORAL THERAPY (CBT)/MODALITIES		<input type="checkbox"/>	DANCE THERAPY/MODALITIES	
<input type="checkbox"/>	DIALECTICAL BEHAVIOR THERAPY (DBT)/MODALITIES		<input type="checkbox"/>	EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)	
<input type="checkbox"/>	FUNCTIONAL FAMILY THERAPY (FFT)/MODALITIES		<input type="checkbox"/>	MULTISYSTEMIC THERAPY (MST)/MODALITIES	
<input type="checkbox"/>	MUSIC THERAPY/MODALITIES		<input type="checkbox"/>	PET THERAPY/MODALITIES	
<input type="checkbox"/>	PLAY THERAPY/MODALITIES		<input type="checkbox"/>	REACTIVE ATTACHMENT DISORDER (RAD)	

OTHER TREATMENT APPROACHES: \_\_\_\_\_

**NO EXPERIENCE/EXPERTISE TO DECLARE**

SPECIALTY		YEARS	SPECIALTY		YEARS
<input type="checkbox"/>	ADOPTION		<input type="checkbox"/>	AGGRESSION	
<input type="checkbox"/>	AODA RECOVERY		<input type="checkbox"/>	ASPERGER'S	
<input type="checkbox"/>	POST TRAUMATIC STRESS DISORDER (PTSD)		<input type="checkbox"/>	AUTISM	
<input type="checkbox"/>	BIO-FEEDBACK		<input type="checkbox"/>	CHRONIC PAIN	
<input type="checkbox"/>	DEATH OF PARENT/FAMILY		<input type="checkbox"/>	DIABETES	
<input type="checkbox"/>	DISASSOCIATIVE DISORDER		<input type="checkbox"/>	DIVORCE	
<input type="checkbox"/>	DOMESTIC VIOLENCE		<input type="checkbox"/>	EATING DISORDERS	

<input type="checkbox"/>	EXTREME SELF HARM	<input type="checkbox"/>	FIRE SETTING
<input type="checkbox"/>	FOSTER CARE	<input type="checkbox"/>	GAMBLING ADDICTION
<input type="checkbox"/>	GANG MEMBER	<input type="checkbox"/>	GENDER IDENTITY ISSUES (continue on back)
<input type="checkbox"/>	GRIEF/LOSS ISSUES	<input type="checkbox"/>	HIV/AIDS RELATED ISSUES
<input type="checkbox"/>	HOMELESSNESS	<input type="checkbox"/>	INCARCERATION-FAMILY MEMBER
<input type="checkbox"/>	INCARCERATION-SELF	<input type="checkbox"/>	LESBIAN, GAY, BISEXUAL, TRANSGENER (LGBT)
<input type="checkbox"/>	LOW COGNITIVE FUNCTIONING	<input type="checkbox"/>	MEDICALLY FRAGILE
<input type="checkbox"/>	MENTAL ILLNESS (SELF OR FAMILY MEMBER)	<input type="checkbox"/>	MINDFULNESS / MEDITATION
<input type="checkbox"/>	MOTIVATIONAL INTERVIEWING	<input type="checkbox"/>	PANIC DISORDER
<input type="checkbox"/>	PHYSICAL ABUSE-WITNESS	<input type="checkbox"/>	PHYSICAL ABUSE-VICTIM
<input type="checkbox"/>	RUNAWAY	<input type="checkbox"/>	SCHIZOPHRENIA
<input type="checkbox"/>	SENSORY INTEGRATION	<input type="checkbox"/>	SEIZURES
<input type="checkbox"/>	SEXUAL ABUSE – PERPETRATOR	<input type="checkbox"/>	SEXUAL ABUSE – VICTIM
<input type="checkbox"/>	SINGLE PARENT FAMILY	<input type="checkbox"/>	TEEN PREGNANCY
<input type="checkbox"/>	TERMINAL ILLNESS	<input type="checkbox"/>	TRAUMA INFORMED CARE
<input type="checkbox"/>	TRAUMA SURVIVOR	<input type="checkbox"/>	TRAUMA WITNESS
<input type="checkbox"/>	TRAUMATIC BRAIN INJURY		

**Mental Health and AODA issues commonly treated by trained professionals  
(such as anxiety or anger management) are not listed as specialties.**

**OTHER EXPERIENCE/EXPERTISE:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LANGUAGES SPOKEN (Fluent)**

- |   |                                   |                                  |                                 |                                     |
|---|-----------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> AMERICAN SIGN LANGUAGE | <input type="checkbox"/> BOSNIAN  | <input type="checkbox"/> CHINESE | <input type="checkbox"/> DANISH | <input type="checkbox"/> FRENCH     |
| <input type="checkbox"/> GERMAN                 | <input type="checkbox"/> HAYA     | <input type="checkbox"/> HEBREW  | <input type="checkbox"/> HINDI  | <input type="checkbox"/> HMONG      |
| <input type="checkbox"/> ITALIAN                | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> KOREAN  | <input type="checkbox"/> LAO    | <input type="checkbox"/> PORTUGUESE |
| <input type="checkbox"/> RUSSIAN                | <input type="checkbox"/> SPANISH  | <input type="checkbox"/> SWAHILI | <input type="checkbox"/> THAI   | <input type="checkbox"/> URDU       |

**OTHER LANGUAGES:** \_\_\_\_\_  
 \_\_\_\_\_

**INTERESTS**

**IDENTIFY A MAXIMUM OF TWO**

**NO INTERESTS TO DECLARE**

- |   |  |                                       |                                       |   |
|---|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> ANIMALS, OTHER | <input type="checkbox"/> BASEBALL              | <input type="checkbox"/> BASKETBALL   | <input type="checkbox"/> BICYCLING    | <input type="checkbox"/> BOXING           |
| <input type="checkbox"/> CARS           | <input type="checkbox"/> CATS                  | <input type="checkbox"/> COOKING      | <input type="checkbox"/> CRAFTS       | <input type="checkbox"/> CREATIVE WRITING |
| <input type="checkbox"/> DANCE          | <input type="checkbox"/> DOGS                  | <input type="checkbox"/> DRAMA        | <input type="checkbox"/> FISHING      | <input type="checkbox"/> FITNESS          |
| <input type="checkbox"/> FOOTBALL       | <input type="checkbox"/> HORSES                | <input type="checkbox"/> MARTIAL ARTS | <input type="checkbox"/> MOVIES       | <input type="checkbox"/> PAINTING         |
| <input type="checkbox"/> PHOTOGRAPHY    | <input type="checkbox"/> PLAYING AN INSTRUMENT | <input type="checkbox"/> READING      | <input type="checkbox"/> SCULPTURE    | <input type="checkbox"/> SEWING           |
| <input type="checkbox"/> SINGING        | <input type="checkbox"/> SKATEBOARDING         | <input type="checkbox"/> SOCCER       | <input type="checkbox"/> SPIRITUALITY | <input type="checkbox"/> SWIMMING         |
| <input type="checkbox"/> TENNIS         | <input type="checkbox"/> WEIGHT LIFTING        | <input type="checkbox"/> YOGA         |                                       |   |

**OTHER INTERESTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL STATEMENT (A BRIEF STATEMENT DESCRIBING YOURSELF):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FORM to be uploaded to Vendor Demographics page in Synthesis. See "How to Upload a File to Synthesis" in the Provider Network Frequently Used Forms area of [www.wraparoundmke.com](http://www.wraparoundmke.com).  
 If you have questions regarding this form, please contact (414) 257-8108.