

WRAPAROUND MILWAUKEE
INITIAL SERVICE AUTHORIZATION
Foster Care / Kinship Care / Respite, Foster Care



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

Theresa.Randall@milwaukeecountywi.gov

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