

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
9455 Watertown Plank Road, Wauwatosa, WI 53226 / Telephone (414) 257-6302