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| The Milwaukee Mental Health Task Force is committed to being a leader in identifying issues faced by all people affected by mental illness, facilitating improvements in mental health services, giving consumers and families a strong voice, reducing stigma, and implementing recovery principles. |



MHTF Membership Directory Information

(Email completed form to: **elisec@drwi.org**)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Preferred Phone # | | | |  | | | | |  | | |  | | Work | |  | Cell |  | Home |
| Alternate Phone # | | | |  | | | | |  | | |  | | Work | |  | Cell |  | Home |
| Fax # | | | |  | | | | |  | | | | | | | | | | |
| Please check if you are a new member. How did you hear about MH Task Force? | | | | | | | | | | | | | | | | | | | |
| Work Information | | | | | | | | | | | | | | | | | | | |
| Work Name | | |  | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | |
| City | | |  | | | | | State | | |  | | | | Zip | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Please indicate your preferred listing for the directory (check all to be listed) | | | | | | | | | | | | | | | | | | | |
|  | | | | | My name | | | | | | | | | | | | | | |
|  | | | | | My email address | | | | | | | | | | | | | | |
|  | | | | | My preferred phone number | | | | | | | | | | | | | | |
|  | | | | | My alternate phone number | | | | | | | | | | | | | | |
|  | | | | | My agency information (agency name and address) | | | | | | | | | | | | | | |
|  | | | | | Not at all | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Home Address Information\*  \*Note: We are requesting a home address to help us identify legislative contacts for Task Force members. This information will NOT be published in the directory | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Home Address | | |  | | | | | | | | | | | | | | | | |
| City | | |  | | | | | State | | |  | | | | Zip | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Directory Information:  Please indicate **all** applicable categories you wish to be listed under in the membership directory. | | | | | | | | | | | | | | | | | | | |
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|  | Advocacy | | | |  | Direct Service | | | |  | | | Provider MH | | | | | | |
|  | Government Agency | | | |  | Research | | | |  | | | Provider AODA | | | | | | |
|  | Education/Training | | | |  | Criminal Justice/ Correctional | | | |  | | | Provider Youth/Children Services | | | | | | |
|  | Legal | | | |  | Peer Specialist | | | |  | | | Consumer | | | | | | |
|  | Hospital | | | |  | Managed Health Care Org. | | | |  | | | Independent /Private Provider | | | | | | |
|  | Support group facilitator | | | |  | Other(Explain): |  | | | | | | | | | | | | |