|  |
| --- |
| 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 This information will NOT be published in the directory |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. |
|  |
| [ ]  | 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): |       |