



The Milwaukee Mental Health Task Force is the voice of the community on issues related to the quality and responsiveness of mental health and substance abuse disorder services.

## MHTF Directory Information Form

(Email completed form to: [elisec@drwi.org](mailto:elisec@drwi.org))

Name \_\_\_\_\_

Email \_\_\_\_\_

Preferred Phone # \_\_\_\_\_  Work  Cell  Home

Alternate Phone # \_\_\_\_\_  Work  Cell  Home

Fax # \_\_\_\_\_

Please check if you are new to the MHTF. How did you hear about the 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 This information will NOT be published in the directory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 directory.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advocacy                  | <input type="checkbox"/> Direct Service                | <input type="checkbox"/> Provider MH                      |
| <input type="checkbox"/> Government Agency         | <input type="checkbox"/> Research                      | <input type="checkbox"/> Provider AODA                    |
| <input type="checkbox"/> Education/Training        | <input type="checkbox"/> Criminal Justice/Correctional | <input type="checkbox"/> Provider Youth/Children Services |
| <input type="checkbox"/> Legal                     | <input type="checkbox"/> Peer Specialist               | <input type="checkbox"/> Consumer                         |
| <input type="checkbox"/> Hospital                  | <input type="checkbox"/> Managed Health Care Org.      | <input type="checkbox"/> Independent /Private Provider    |
| <input type="checkbox"/> Support group facilitator | <input type="checkbox"/> Other(Explain): _____         |   |