



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

Return completed form with your membership form and check, or email to barbara.beckert@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 This information will NOT be published in the directory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): _____ | |