



Wisconsin Peer Specialist Employment Initiative

Technical assistance request form

Use for both Certified Peer Specialist (CPS) and Certified Parent Peer Specialist (CPPS) programs. Please fill out this form and return to the appropriate program coordinator listed below.

Date Services requested: _____ Contact Person: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Technical assistance requested (check all that apply):

- Hiring/developing a job description
- Organizational readiness for the employment of a Wisconsin Peer Specialist
- Preparing staff for the inclusion of a Wisconsin Peer Specialist
- The Wisconsin Peer Specialist toolkit
- General information about the Peer Specialist Employment Initiative
- Other: _____

Do you currently employ Wisconsin Certified Peer Specialists? Yes ____ No ____

Do you currently employ Wisconsin Certified Parent Peer Specialists? Yes ____ No ____

If 'Yes' How many CPS: ____ How many PPS: ____

If 'No', when are you planning to hire CPS or CPPS? _____

In what programs will or are the CPS providing services: _____

In what programs will or are the CPPS providing services: _____

What type of funding source do you use? (i.e. MA): _____

Please submit the completed by mail, email or FAX to:

Alice F. Pauser
WI Certified Peer Specialist Program
Coordinator
ACCESS to Independence
3810 Milwaukee St.
Madison, WI 53714
alicep@accesstoind.org
FAX: 608-242-0383
Phone: 608-242-8484 ext. 224
www.wicps.org

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This contact information will be updated.