



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:

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