



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 CPS/CPPS
- Preparing staff for the inclusion of CPS/CPPS
- The Wisconsin Peer Specialist Employer Guidance
- General information about the Wisconsin 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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FAX: 608-242-0383
Phone: 608-416-3033 www.wicps.org