

Wisconsin Caregiver Program
ABUSE AND NEGLECT PREVENTION TRAINING DVD REQUEST

INSTRUCTIONS

To order a copy of the DVD Abuse and Neglect Prevention Training:

- Complete this form.
- Include a **check or money order for \$5.00.**
Note: Forms submitted without the \$5.00 fee will not be processed.
- Make check/money order payable to: **Division of Quality Assurance**
- Mail completed form and \$5.00 check or money order to:

Department of Health Services
Division of Quality Assurance
ATTN: OCQ / DVD Training
PO Box 2969
Madison, WI 53701-2969

1. Name – Contact Person: _____

2. Name – Organization: _____

3. Mailing Address: _____

4. City / State / Zip Code: _____

5. Email Address – Contact Person: _____

6. Provider Type (*Choose the provider type(s) that best describes your organization.*)

- Adult Day Care
- Adult Family Home
- Certified Mental Health and AODA Treatment Program
- Community Based Residential Facility
- Facilities Serving People with Developmental Disabilities
- Home Health Agency
- Hospice
- Nurse Aide Training Program
- Nursing Home
- Outpatient Rehabilitation Facility
- Personal Care Agency
- Residential Care Apartment Complex
- Other (*Specify*): _____

7. How many staff do you plan to train with this material in the next 12 months? _____