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? _______________