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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02892 (10/2021) | | | | **STATE OF WISCONSIN** | | | | | | | |
| **COUNTY CRISIS OR APS PARTNER PORTAL REQUEST** | | | | | | | | | | | |
| County staff should request access to the County Crisis or APS Partner Portal in ForwardHealth prior to submitting this form. Completed forms should be sent to [dhsareaadmin@dhs.wisconsin.gov](mailto:dhsareaadmin@dhs.wisconsin.gov)  If more than eight accounts are needed, please contact Area Administration with a rationale to justify the request. *Requests beyond eight accounts can be added in the grayed-out rows.* | | | | | | | | | | | |
| County Name | | | County Supervisor Name | | | County Supervisor Email Address | | | | County Supervisor Phone Number | |
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| **County Crisis or APS Staff Forward Health Partner Portal Access List**  (If more than eight accounts are needed, please contact Area Administration with a rationale to justify the request.) | | | | | | | | | | | |
| First Name | Last Name | Email Address | | | Requested User ID | | Work Phone | Role | Agency | | Date Requested |
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