|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-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 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 |
|  |  |  |  |
| **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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |