



DVD Abuse and Neglect Prevention Training Request Form

To order a copy of the DVD Abuse and Neglect Prevention Training, please complete the information below and mail the form along with a **check or money order for \$5.00** (payable to the Division of Quality Assurance) to cover the shipping and handling fee to:

**DVD Training
Department of Health & Family Services
Division of Quality Assurance
PO Box 2969
Madison, WI 53701-2969**

* Please note that forms submitted without the \$5.00 fee will not be processed.

1. Main contact name: _____

2. Organization name: _____

3. Mailing Address: _____

4. City: _____

5. State: _____

6. Zip Code: _____

7. Contact e-mail address: _____

8. Choose the Provider Type(s) that best describes your organization:

- Adult Day Care
- Adult Family Homes
- Certified Mental Health and AODA Treatment Programs
- Community Based Residential Facilities
- Facilities Serving People with Developmental Disabilities
- Home Health
- Hospices
- Nursing Home
- Nurse Aide Training Programs
- Nursing Homes
- Outpatient Rehabilitation Facilities
- Personal Care Worker Agency
- Residential Care Apartment Complexes
- Other, Please Specify: _____

9. How many staff do you plan to train with these materials in the next 12 months?
