

**ILLINOIS WRAP®
ADD / EDIT CLASS TO WRAP® LOCATOR & MAP**

IL WRAP® Class information may be updated by IL WRAP® Facilitators only

Please document the following information for a new WRAP® Class or to have a class updated. Note - All fields with an asterisk* are **REQUIRED**. If left blank, or illegible, the form will be returned to you and the class will not be added to the Locator or Map.

Send completed form to: Email: ILWRAP@beaconhealthoptions.com
Fax: (888) 808-4055

WRAP® Class Location - Please spell out the name of the location. Do not use acronyms.

* Name of Location:

* Street Address:

* City:

* County:

* Zip:

* Region:

Facilitator / Educator Information

Co-Facilitator / Shadow Information

Database will be updated with this information.

* Last Name:

Last Name:

* First Name:

First Name:

* Email Address:

* Phone Number:

CRSS (Check One): YES NO

Class Details - If you are offering WRAP® in more than one setting, submit a separate form for each setting.

* Class Setting (Check Only One Box):

Inpatient
(ex. Psychiatric or Substance Use Treatment)

Behavioral Health Center
(ex. Community Mental Health Center, Outpatient Substance Use Treatment)

Community Site
(ex. Library, Church, Community Center)

* WRAP® Class (Check Only One Box):

Level 1: Seminar/Introduction to WRAP®/Orientation to WRAP®

OR

Level 2: 8 Week / 12 Week WRAP® Class

* WRAP® One-on-One:

If you are offering both a WRAP® Class and WRAP® One-on-One, submit a separate form for each.

* Start Date:

End Date:

If no end date is provided, the class will be posted for one year from the start date. It is the Facilitator's responsibility to submit a new form after one year.

Comments:
