

Trauma-Informed Care (TIC) Intensive Learning Collaborative Application

Please fill out the application and return to Ann Schensky
ann.schensky@wisc.edu by June 28, 2019.

Agency Name: _____

Agency Address: _____

Person Completing Application: _____

Contact Information: (**email address, phone #**): _____

1. Please briefly describe efforts you've made already in implementing trauma-informed care in your organization.
2. Please describe plans for implementing trauma-informed care in the future.
3. Please identify the team member who will lead this effort (name, title, role and any experience in the area of trauma-informed care implementation).
4. Please identify other members of the team that will participate in the learning collaborative (name, title, role and email).
5. Please provide a statement from your executive director or CEO acknowledging the participant expectations, alignment with the agency's strategic plan and commitment to participate fully in the learning collaborative.



If you have any questions, please contact Ann Schensky at ann.schensky@wisc.edu