

Community Access to Recovery Services
2015
CARS SIGN-OFF FORM

Agency Name (please print): _____

Name (please print) _____ Phone: _____

Please check: CSP CCS TCM CBRF CRS

The Community Access to Recovery Services wants to assure that all Case Management and CBRF Providers have received, read, and understand the Community Access to Recovery Services' Policy and Procedures.

All new staff must sign-off on this form upon hire.

**I acknowledge that I have received the
Community Access to Recovery Services'
Policy & Procedures:**

Inpatient/CBRF/Crisis Stabilization Community Case Management Collaboration Standard of Practice
Missed Appointment & Inability to Reach Client (TCM/CSP)
CARS Transfer of Service Policy and Procedure- Protocol for CSP/TCM Transfers
Falls policy (Observation/Report to Nursing Staff)
Good Clinical Documentation

I understand and agree to abide by the information in these documents.

Case Management Staff Name (please print): _____

Case Management Staff Signature: _____ Date: _____

Clinical Coordinator/Supervisor Signature: _____ Date: _____

PLEASE
RETURN
ONCE
COMPLETED
FAX: 414-257-8198

PLEASE MAKE A COPY OF THIS FORM FOR YOUR AGENCY'S FILE

If you have any questions please contact:
414-257-8085

PLEASE
RETURN
ONCE
COMPLETED
FAX: 414-257-8198

Please return this ORIGINAL completed form to:

Community Access to Recovery Services
ATTN: CARS Quality Assurance Department
9201W. Watertown Plank Road
Milwaukee, WI 53226
Fax: 414-257-8198