



WRAPAROUND MILWAUKEE

REACH Program

POC/Child and Family Team Meeting Signature Sheet

POC Date: _____

Youth Name: _____ Date of Birth: _____

Care Coordinator Name/Agency Name: _____

Disenrollment YES NO

REQUIRED TEAM MEMBER SIGNATURES

		<u>In Attendance?</u>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____
Youth	Phone	E-mail address	
_____	_____	_____	_____
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	_____
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	_____
Care Coordinator	Phone	E-mail address	
_____	_____	_____	_____
Care Coord. Supervisor	Phone	E-mail address	
_____	_____	_____	_____
Consulting Psychologist	Date	Phone	E-mail address
_____	_____	_____	_____
Consulting Psychiatrist	Date	Phone	E-mail address

✓ Client Rights
Reminder

Enrollee/parent/
legal guardian:

By signing this form you do not give up your right to grieve or appeal what is written in this Plan or the services you are receiving.

SIGNATURES OF ADDITIONAL TEAM MEMBERS

_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
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