



SUBMIT FOR PRIOR AUTH REVIEW? _____ Yes _____ No			
If yes, _____	Initial _____	_____	Re-Authorization _____
If yes, _____	Day Treatment _____	_____	RCCCY _____ Foster Care _____
_____	Group Home _____	_____	Independent Living _____
<b>Disenrollment</b> _____ Yes _____ No			

## WRAPAROUND MILWAUKEE

### POC/Child and Family Team Meeting Signature` Sheet

POC Date: \_\_\_\_\_  
 Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Care Coordinator Name/Agency Name: \_\_\_\_\_

#### **REQUIRED TEAM MEMBER SIGNATURES**

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

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

POC Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Care Coordinator Name/Agency Name: \_\_\_\_\_

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***SIGNATURES OF ADDITIONAL TEAM MEMBERS***

Team Member	Relationship To Youth	Phone	E-mail address
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