



WRAPAROUND MILWAUKEE / REACH
DISENROLLMENT CONFIRMATION



Enrollee Name: _____

DOB: _____

Name of Parent or Guardian _____

Disenrollment Date _____

Care Coordination Agency _____

I understand that I am being disenrolled from Wraparound Milwaukee / REACH on the date listed above. I am aware that my enrollment in the Wraparound HMO will also expire on that date. I am aware that care coordination services will no longer be provided as of my disenrollment date, and that Wraparound Milwaukee / REACH will no longer be the payor source for behavioral health or alcohol- or drug-related services after my disenrollment date.

If I was covered by Title 19 prior to my enrollment in Wraparound Milwaukee / REACH, I understand that I will be re-enrolled in the Title 19 program in which I was previously enrolled (HMO or straight T19). I understand that payments for any continuing behavioral health and alcohol- or drug-related services will be paid for through that T19 program. My care coordinator has worked with me to ensure that any current service providers are aware of this change.

I have received a copy of my final Plan of Care and the Community Resource Guide.

(Youth Signature) (Date) (Parent/Guardian Signature) (Date)

CONTINUING SERVICES: (list person/agency name, contact information including phone number and appointment dates, if any):

RESOURCES FOR FAMILIES:

- Families United, Inc. 344-7777 Youth Council 358-4120
Mobile Urgent Treatment Team 257-7621 Adult Crisis Services 257-7222
Badger Care (T19 enrollment) 800-362-3002 Project O'YEAH 257-7158
IMPACT (Resource & Referral) 211

TO BE COMPLETED BY THE CARE COORDINATOR SUPERVISOR

Reason for Disenrollment:

- Youth/family have made progress toward meeting Needs and Vision.
Youth/family moved out of county.
Youth/family no longer desire Wraparound services.
Youth missing more than 30 days.
Youth placed in corrections.
Court order for enrollment has expired or been vacated (Wraparound only)
Other (explain):

Level of Progress Made:

- Substantial
Some
Needs Not Met
Wraparound only (REQUIRED unless youth disenrolled on runaway status or to corrections):
Court order has expired
Court order has been revised

(Care Coordinator Signature) (Date) (Supervisor/Lead Signature) (Date)

Disenrollment Reviewed and Approved by:

Program Staff Date