



# WRAPAROUND MILWAUKEE

## REACH Program

### 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>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Youth	_____ Phone	_____ E-mail address	
_____ 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	_____ Phone	_____ E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Consulting Psychiatrist	_____ Phone	_____ E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No

**✓ 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
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POC Date: \_\_\_\_\_

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

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

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