

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DELINQUENCY AND COURT SERVICES DIVISION

POLICY & PROCEDURE



❖ **CHILDREN’S COURT SERVICES NETWORK**

AND

❖ **PURCHASE OF SERVICE AGENCIES**

PROVIDER - SIGNATURE PAGE

I, _____ (Print Name) on behalf of

_____ (Enter Agency Name)

acknowledge receipt and understanding of the following Policies and Procedures for Delinquency and Court Services Division (DCSD) – Milwaukee County Department of Health and Human Services (DHHS).

1. Identify/List the policy (or policies) received here...

Signature of Agency Representative

____/____/____
Date

Name of Agency

DCSD Use Only:
Date Received ____/____/____

Received Via _____

Follow-Up Required?: Yes or NO