



NOTICE OF CASE MANAGER CHANGE

If a case manager is removed from a client's case and a new case manager is assigned, the original case manager should be responsible for notifying the My Home Housing Program Office that there has been a change.

Please complete this entire form and send it to: samara.mccall@milwaukeecountywi.gov

Client Name _____

Original Case Manager

Case Management Agency _____

Case Manager Name _____

Case Manager Mailing Address _____

Address

City

State

Zip Code

Contact Number(s)

New Case Manager

Effective Date of Change _____

Case Management Agency _____

Level of care CCS CSP TCM

New Case Manager Name _____

Case Manager Mailing Address _____

Address

City

State

Zip Code

Contact Number(s)

Email Address