



Milwaukee County DHHS-BHS
Children's Community Mental Health Services and Wraparound Milwaukee

CCS DISENROLLMENT CONFIRMATION FORM

Enrollee's Name: _____ Date of Birth: _____

Parent/Guardian Name (if under 18): _____ Disenrollment Date: _____

Care Coordinator Name: _____ Care Coordination Agency: _____

I understand that I am being disenrolled from Children's Community Mental Health Services and Wraparound Milwaukee Comprehensive Community Services (CCS) on the date listed above. I am aware that my enrollment in the CCS Program will also expire on that date. I am aware that care coordination services will no longer be provided, and that Children's Community Mental Health Services and Wraparound Milwaukee (CCS) will no longer be the payor source for behavioral health or alcohol or drug-related services as of my disenrollment date.

Enrollee's Signature _____ Date _____ Phone Number _____

Parent/Guardian Signature (Required if enrollee is under 18) _____ Date _____ Phone Number _____

For continuing services, see Disenrollment Summary dated: _____

Any additional appointment date(s): _____

RESOURCES:

Table with 2 columns: Resource & Referral Line, Contact Info. Includes: Resource & Referral Line (257-7607), Mobile Crisis Team (257-7222), Badger Care (T19 enrollment) (800-362-3002), IMPACT (Resource & Referral) (211).

Table with 2 columns: Resource Name, Contact Info. Includes: Owen's Place (Resource Center) (977-4249), Milwaukee County CARS (289-6085), Other: (empty), Other: (empty).

PROPOSED REASON FOR DISENROLLMENT:

- Program Completed, Disenrolled to Adult Programming, Medicaid Eligibility Ended, Missing more than 90 days, Functionally Not Eligible, Moved out of county, Long-term Residential, Disenrolled to Higher Level of Care, Services no longer desired, Placed in Corrections, Unable to Contact, Other: _____

Care Coordinator Signature _____ Date _____

Supervisor/Lead Signature _____ Date _____

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

မြန်မာစာ (Myanmar) (Burmese) - အထူးသတိပြုရန် - အကယ်၍ မြန်မာဘာသာစကားကို သင်ပြောဆိုနိုင်ပါက ဘာသာစကားဆိုင်ရာ ဝန်ဆောင်မှုများကို အခမဲ့ သင် ရရှိနိုင်ပါသည်။ သင့် စောင့်ရှောက်မှု ဆက်စပ်ဆောင်ရွက်ပေးသူ ထံသို့ တိုက်ရိုက် ဖုန်းခေါ်ဆိုပါ သို့မဟုတ်လျှင်လည်း 1-833-912-2468 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Chinese注意：如果您使用中文，那么您可以免费获得语言协助服务。请直接联系您的护理协调员，或致电 1-833-912-2468 (TTY: 711)。