



Milwaukee County  
Comprehensive Community  
Services

Annual Continuation Agreement

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CCS Agency Information – CCS services are provided by Milwaukee County, via several community partners.** (Agency Name) CCS services are provided during (agency specific days/ hours of operation), but may be provided after-hours by arrangement when a need is determined.

Crisis Intervention Services are available during agency operational hours and after-hours by calling the Milwaukee County Crisis Line at 257-7222.

**Participant Rights:** All rights outlined in the Your Rights and the Grievance Procedure brochure, apply to Comprehensive Community Services. In addition, consumers of CCS have the right to:

1. Choice in the selection of recovery team members, services, and service providers.
2. The right to specific, complete, and accurate information about proposed services.
3. The fair hearing process under s. DHS 104.01 (5) for Medical Assistance Participants, for all other consumers the right to request a review of a CCS determination by the Department of Health and Family Services.

**Acknowledgement (initial next to the statements below)**

\_\_\_\_ I received a copy of Your Rights and the Grievance Procedure for Community Services, and it has been explained to me.

\_\_\_\_ I have been provided with information on the cost of services as well as my financial responsibility for the services I receive.

**I HEREBY CONSENT TO COMPREHENSIVE COMMUNITY SERVICES**

\* If the consumer is a competent adult, then only his or her signature is required.

\* If the consumer is 14 years old or older but not yet eighteen, then BOTH the consumer and a parent or guardian must sign.

\* If the consumer is under the age of 14 years old, then only the parent or guardian must sign.

\* If the consumer had been adjudged to be incompetent the appointed guardian must sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_