



Milwaukee County
Comprehensive Community Services

PRESCRIPTION FOR CCS

Name: _____ Date of Birth: ____ / ____ / ____

Comprehensive Community Services (CCS) is a voluntary program for individuals with mental health and/or substance abuse disorder needs.

CCS provides psychosocial rehabilitative services. This applicant could benefit from psychosocial rehabilitative services to assist them in their functioning and to better meet their needs.

To receive CCS services, an applicant must have an active Prescription with **all 3 sections** filled out completely.

1	Mental Health Diagnosis & ICD 10 code(s)	AODA Diagnosis & ICD 10 code(s)
	_____	_____
	_____	_____

2	A prescriber's signature is required for a CCS prescription.	
	I, the undersigned, prescribe CCS for the above applicant.	
	I vouch to be a prescriber that is enrolled with Medicaid in the state of Wisconsin.	
	This prescription is considered current until otherwise revoked, a date listed here _____, or upon discharge from CCS.	
	_____	____ / ____ / ____
	Prescriber Signature	Date
	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> MD
	<input type="checkbox"/> DO	<input type="checkbox"/> DNP
	<input type="checkbox"/> APNP/NP	

3	_____	_____
	Legibly printed name of prescriber	Prescriber NPI
	Agency/Clinic: _____	