



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

TEAM ATTENDANCE SHEET

Enrollee Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency: _____

Meeting Date: _____ **Disenrollment?** Yes No

REQUIRED TEAM MEMBER SIGNATURES

In Attendance?

_____	_____
Enrollee (printed name)	Enrollee Signature
_____	_____
Parent/Legal Guardian (printed name)	Parent/Legal Guardian Signature
_____	_____
Parent/Legal Guardian (printed name)	Parent/Legal Guardian Signature
_____	_____
Care Coordinator (printed name)	Care Coordinator Signature

Yes No

Yes No

Yes No

Yes No

✓ Client Rights Reminder

Enrollee/parent/legal guardian:
 By signing this form, you do not give up your right to grieve or appeal what is written in this Plan or the services you are receiving.

SIGNATURES OF ADDITIONAL TEAM MEMBERS

_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
_____	_____	_____
Team Member (printed name)	Team Member Signature	Relationship to Enrollee



TEAM ATTENDANCE SHEET

SIGNATURES OF ADDITIONAL TEAM MEMBERS (cont.)

Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee
Team Member (printed name)	Team Member Signature	Relationship to Enrollee

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)

နွာ ဂျမနွာစာ (Myanmar)(Burmese) - အထူးသတိပြုရန် - အကယုၤၤ ဂျမနွာဘာသာစကားကို သင့်ပျာအိးဝိငွါက ဘာသာစကားဆိုဣာ ဝနဲဆော့ဣးမိးကို အခမဲ့ သင့် ရရှိးဝိငွါသညး။ သင့် စောင့်ရှောက်ဣး ဆကွပဲဆော့ဣာပေးသုထံသိၤ တိုကိုဣာ ဖုနဲးခေဒုဆိုပါ သိၤ မဟုတ်ဣာ 1-833-912-2468 (TTY: 711) သိၤ ခေဒုဆိုပါ