

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DELINQUENCY AND COURT SERVICES DIVISION

(DCSD)

**POLICY & PROCEDURE  
ACKNOWLEDGEMENT FORM**

- ❖ DCSD SERVICES NETWORK CONTRACTED PROVIDERS
- ❖ PURCHASE OF SERVICE CONTRACTED PROVIDERS
- ❖ PROFESSIONAL SERVICE CONTRACTED PROVIDERS

DCSD wants to ensure that all providers have reviewed, read and understand any and all provider related policies and procedures. All DCSD policies are on the website at: <http://county.milwaukee.gov/DelinquencyampCourtS7764/Continuous-Quality-Improvement-CQI/Policies-and-Procedures-Table-of-Contents.htm>

I, \_\_\_\_\_ (Print Name) on behalf of

\_\_\_\_\_ (Print Agency Name) acknowledge receipt and understanding of the Policies and Procedures identified below for Delinquency and Court Services Division (DCSD) – Milwaukee County Department of Health and Human Services (DHHS) and agree to abide by them. I also ensure that all Direct Service Providers (DSP) understand and agree to abide by these policies.

Identify the new/revised policy issued here...

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Title of Agency Representative

**DCSD Use Only:**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Received Via \_\_\_\_\_

Follow-Up Required?: Yes or NO