

SUBMIT FOR PRIOR AUTH REVIEW? Yes _____ No _____
 If yes, Initial _____ Re-Auth. _____
 For: Day Tx. _____ RCCCY _____ Foster Care _____ Grp. Home _____ Indep. Living _____

Date: _____

Check:

<input type="checkbox"/>	POC Mtg.
<input type="checkbox"/>	Team Mtg.

<input type="checkbox"/>	WRAP
<input type="checkbox"/>	REACH



TEAM ATTENDANCE SHEET



Youth Name: _____ Date of Birth: _____

Care Coordinator Name/Agency Name: _____

<input type="checkbox"/>	Disenrollment?
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REQUIRED TEAM MEMBER SIGNATURES

			In Attendance?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care Coordinator	Phone	E-mail address	

**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	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address

OVER →

SIGNATURES OF ADDITIONAL TEAM MEMBERS - CONT.

Team Member	Relationship To Youth	Phone	E-mail address
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