



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

## DISENROLLMENT CONFIRMATION FORM

Enrollee's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name  
(if under 18): \_\_\_\_\_

Disenrollment Date: \_\_\_\_\_

Care Coordinator Name: \_\_\_\_\_

Care Coordination Agency: \_\_\_\_\_

I understand that I am being disenrolled from Wraparound Milwaukee on the date listed above. I am aware that my enrollment in the Wraparound HMO will also expire on that date. I am aware that care coordination services will no longer be provided, and that Wraparound Milwaukee will no longer be the payor source for behavioral health or alcohol or drug-related services as of my disenrollment date.

**If I was covered by Title 19 prior to my enrollment in Wraparound Milwaukee,** I understand that I will be re-enrolled in the Title 19 program in which I was previously enrolled (HMO or straight T19). I understand that payments for any continuing behavioral health and alcohol or drug-related services will be paid for through that T19 program. My Care Coordinator has worked with me to ensure that any current service providers are aware of this change.

\_\_\_\_\_  
Enrollee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent/Guardian Signature  
(Required if enrollee is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**For continuing services, see POC dated:** \_\_\_\_\_

Any additional appointment date(s): \_\_\_\_\_

### RESOURCES:

Resource & Referral Line	257-7607
Children Mobile Crisis Team	257-7621
Badger Care (T19 enrollment)	800-362-3002
IMPACT (Resource & Referral)	211

Owen's Place (Resource Center)	977-4249
Adult Crisis Services	257-7222
<b>Other:</b>	

### REASON FOR DISENROLLMENT:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Program Completed                | <input type="checkbox"/> Disenrolled to CCS    | <input type="checkbox"/> Services no longer desired |
| <input type="checkbox"/> Disenrolled to Adult Programming | <input type="checkbox"/> Moved out of county   | <input type="checkbox"/> Placed in Corrections      |
| <input type="checkbox"/> Medicaid Eligibility Ended       | <input type="checkbox"/> Long-term Residential | <input type="checkbox"/> Unable to Contact          |
| <input type="checkbox"/> Missing more than 30 days        | <input type="checkbox"/> Other(explain): _____ |   |

**For Wraparound and REACH-Ct Order ONLY:** ☐ Order expired ☐ Order revised to remove Wraparound

\_\_\_\_\_  
Care Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Lead Signature

\_\_\_\_\_  
Date

**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)

**မြန်မာ (Myanmar)(Burmese)** - အထူးသတိပြုရန် - အကယ်၍ မြန်မာဘာသာစကားကို သင်္ချေပာဆိုနိုးငြိက ဘာသာစကားဆိုတာ ဝန်ဆောင်မှုများကို အခမဲ့ သင့် ရရှိနိုင်ပါသည်။ သင့် စောင့်ရှောက်မှု ဆက်ပေးဆောင်ရွက်ပေးသူထံသို့၊ တို့ကိုယ်တို့ ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် ညံ့ 1-833-912-2468 (TTY: 711) သို့မဟုတ် ခေါ်ဆိုပါ