



**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?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Client Rights Reminder
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollee/parent/legal guardian:
<input type="checkbox"/> Yes <input type="checkbox"/> No	By signing this form, you <u>do not</u> give up your right to grieve or appeal what is written in this Plan or the services you are receiving.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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

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**SIGNATURES OF ADDITIONAL TEAM MEMBERS (cont.)**

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)

နိုင် ပြုမန္တာစာ (Myanmar)(Burmese) - အထူးသတိပြုရန် - အကယူ၍ ပြုမန္တာဘာသာစကားကို  
သင့်ဝေပြုဟနိုင်ပြီက ဘာသာစကားဆိုင် ဝန်ဝေဆာင့်များကို အခမဲ့ သင့် ရှို့ငိုင်ပြီသည့်။  
သင့် ဝေစာင့်ဝေရာကွဲ့ ဆက္စာပုံဝေဆာင့်ကုပ်ဝေပေးသူထံသို့ တိုကိုကုပ်ဖုန်းဝေခင့်ဆိုပါ  
သို့။ မဟုတ်ပုံပြုလည်း 1-833-912-2468 (TTY: 711) သို့၏ ဝေခင့်ဆိုပါ