

Comprehensive Community Services



DATE: _____

PHONE: _____

TO: CCS _____

FAX: 608-283-2994

FROM: _____

TOTAL # OF PAGES: _____

*For GENERAL CCS CORRESPONDENCE, SKIP TO STEP 4***
NEW ENROLLMENTS, COMPLETE STEPS 1-3

STEP 1: COMPLETE CLIENT INFORMATION

NAME _____ ENROLLMENT DATE _____

SF AGENCY: _____ SF ASSIGNED: _____

STEP 2: IN MODULE: PLEASE COMPLETE the following ASAP

_____ **30 Day Plan & Services** (Includes 3 core services of Service Facilitation, Screening & Assessment, and Service Planning) for service continuity. **Create & Submit to MHP in MODULE.**

_____ **Other Ongoing services** already in place, now billable to CCS, necessary in next 30 days

_____ **Psychotherapy** (Provider: _____)

_____ **Individual Skill Development** (Provider: _____)

_____ **Medication Management** (Provider: _____)

_____ **Other Service:** _____ (Provider: _____)

_____ **Other Service:** _____ (Provider: _____)

NEXT

STEP 3: EMAIL/FAX to DCHDS: THIS document & the following copies with all signatures

_____ **Completed Comprehensive Assessment** (2 documents) within 30 days of application date.

_____ **My Assessment** (signed by all parties)

_____ **My Assessment Summary** (signed by all parties)

_____ **Completed 6 MONTH Recovery Plan** (signed by SF, MHP, and client). Remember to submit service authorizations and plan via module prior to printing.

_____ **Completed Recovery Team Meeting Roster**

_____ **Completed ROIs** for any collaterals outside of CCS network (family, PCP, hosp, etc.).

STEP 4: OTHER CCS INFORMATION (PLEASE SPECIFY BELOW):

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