

CCS Recovery Meeting Roster

Client: _____

Meeting Date: _____

My signature below indicates that I was in attendance at the recovery planning meetings as listed above:

NAME	RELATIONSHIP	ADDRESS	PHONE	Signature

Addendum: Per Dane County CCS variance dated 3/15/2022, Service Facilitator signature on document attests to the presence at the meeting of the participants listed on the attendance roster.

Please fax signed and complete Recovery Meeting Roster to DCDHS, Attn: CCS at 283-2994.