| | | | | | | | Description of sign in sheet: | | |
|----------------------------------|---|-----------------------|------------------------|--|---|---------------------|-------------------------------|-----------------------------------|--------------------------------|
| | | | | | | | | | |
| | | | Person (| Centered Te | am Sign | -In Sheet | | | |
| Team Meeting Date/Time: | | | Team Meeting Location: | | | | | | |
| Participant Name Last: | | 1 | 1 | Troum mooning 200 | | | | | |
| First: | | | | SSN: | | | Medicaid Number | : | |
| | | | | | | | | | |
| Name | Signature | Title | Date of Signature | Your Role in Participant's life/Relation to Participant | How long have you known the participant? | Provider Agency | Service Provided | Number of Units & Frequency | Email |
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| | method, it is the responsibility of the | attendee to submit an | email to the case m | nanager to serve as a re | cord of their particing | pation and agreemer | nt in the development of | f the PCSP. The c | case manager must upload these |
| correspondences along with the s | | | | | | | | | |
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