Care Plan
Signature Sheet

Name _____

Name _____

Check if Permanency Plan Meeting ☐
Care Plan Effective Date _____
Next Care Plan Renewal Date _____

Team Membership: My signature below indicates that I understand that all information shared in this team meeting is confidential and cannot be shared with anyone without a signed Release of Information from the youth's parent or guardian. _____

Team Member Name	Role/Responsibility	Signature	Agree/Disagree with Plan of Care Please circle A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D
			A or D

Others in attendance:(if applicable)			
Regional Representative/Designee			A or D
County/Agency Supervisor			A or D
Juvenile Court Personnel			A or D
Other			A or D
Other			A or D
Other			A or D

Agency Signatures Date _____

Case manager/Care Coordinator _____

Psychiatrist/Psychologist _____

Clinical/Program Supervisor _____

Other Discipline _____