



THE DEPARTMENT OF CHILDREN,  
YOUTH, AND FAMILIES  
**Orientation Sign-In Sheet**

FACILITATOR'S NAME		DATE
LOCATION		PEER MENTOR / LIAISON'S SIGNATURE (REQUIRED IF PRESENT)

PRIMARY CAREGIVER'S NAME	SECONDARY CAREGIVER'S NAME(S) (IF PRESENT)	MAILING ADDRESS (INCLUDE ZIP CODE)	PHONE NUMBER (HOME / CELL, INCLUDE AREA CODE)	EMAIL ADDRESS



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