



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	INTENT TO BE LICENSED BY	
					DLR	PA
					<input type="checkbox"/>	<input type="checkbox"/>
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