MEETING SIGN-IN SHEET

Project:	The Transition Planning Process for Providers Coming Into Compliance with the HCBS Settings Rule	**Meeting Date:**	10/24/2016- 9:00am-11:00am
Facilitator:	Christy/Rosemary	**Place/Room:**	Live Broadcast

Name (Please Print) **Last, First**	**Agency**	**Phone**	**Fax**	**E-Mail/Mailing Address**

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