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| **Agency:** | Enter Agency Name |
| **Program:** | Enter Program Name |
| **Location:** | Enter Location |
| **Date of Session:** | Enter Date | **Start Time:** | Enter Start Time | **End Time:** | Enter End Time |
| **Topic of Session:** | Enter Topic of Group |
| **Person Served Printed Name** | **Person Served Signature** |
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| Counselor/LPHA Printed Name(s) | Counselor/LPHA Signature(s)\* | Date |
| 1. Enter Name |  |  |
| 2. Enter Name       |  |  |

\*By signing the sign-in sheet, the LPHA(s) and/or Counselor(s) attest that the sign-in sheet is accurate and complete.