

CC?NNECTINGFAMILIES

Meeting Attendance Form

MEETING INFORMATION

AREA/COUNTY:	FORM COMPLETED BY:	
DATE OF MEETING:	START AND END TIMES:	
MEETING FACILITATED BY:	TRAINING COMPLETED (if applicable):	Yes No

ATTENDEES- Please print clearly

NAME	FULL STREET ADDRESS	PHONE/ EMAIL	TYPE OF HOME	FRIEN	ID OF
				FAFS	
		Phone	FOSTER	Yes	
			KINSHIP	No	
		Phone	ADOPTIVE FOSTER	Yes	
			KINSHIP	No	H
		Email	ADOPTIVE	110	ш
		Phone	FOSTER	Yes	
			KINSHIP	No	
		Email	ADOPTIVE		
		Phone	FOSTER	Yes	
		Email	KINSHIP	No	
		·	ADOPTIVE		
		Phone	FOSTER	Yes No	\exists
		Email	KINSHIP	INO	Ш
		Phone	FOSTER	Yes	
			KINSHIP	No	
		Email	ADOPTIVE		
		Phone	FOSTER	Yes	
		Email	KINSHIP	No	
			ADOPTIVE		
		Phone	FOSTER	Yes	H
		Email	KINSHIP ADOPTIVE	No	Ш
		Phone	FOSTER	Yes	
			KINSHIP	No	
		Email	ADOPTIVE		

Submit completed form via mail or email no later than 5 days following meeting to your assigned FAFS Family Advocate. FAFS 101 College Rd East, 3RD Floor Princeton, NJ 08540 or fax to 609.520.1515