

MEETING INFORMATION

AREA/COUNTY:		FORM COMPLETED BY:	
DATE OF MEETING:		START AND END TIMES:	
ATTENDANCE:	# ADULTS	# CHILDREN	WAS BABYSITTING PROVIDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEETING LOCATION:			

COMMUNITY BASED TRAINING (CBT) INFORMATION

Complete this section if meeting included CBT. Include any handouts provided by the speaker.

SPEAKER & CONTACT INFO:			
TOPIC:			
DATE OF APPROVAL:		NUMBER OF TRAINING HOURS:	
WOULD YOU RECOMMEND THIS TRAINING?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, why?			

MEETING TOPICS

TOPIC:	
SUMMARY OF DISCUSSION:	
CONCLUSION OF DISCUSSION:	

TOPIC:	
SUMMARY OF DISCUSSION:	
CONCLUSION OF DISCUSSION:	

Meeting Minutes continued

County/Area:		Date of Meeting:	
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TOPIC:	
SUMMARY OF DISCUSSION:	
CONCLUSION OF DISCUSSION:	

TOPIC:	
SUMMARY OF DISCUSSION:	
CONCLUSION OF DISCUSSION:	

TOPIC:	
SUMMARY OF DISCUSSION:	
CONCLUSION OF DISCUSSION:	

WERE ITEMS OR FOOD PROVIDED TO ATTENDEES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, explain		

WERE ANY DONATIONS RECEIVED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If monetary, explain and attach Deposit Form.		
(If in-kind donation, remember to include on quarterly donor report)		

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.