

Group Activity Sign in Sheet

Date: ___/___/___ Activity: Stress Management Seminar Career Change Management Seminar Other: _____

Please provide your, name, signature, last four of your SSN and mark your customer status (see column headers for status)

Unemployed as a result of a layoff and searching for a job <i>(may or may not still be getting unemployment)</i>	↕	↕	↕	↕
Searching for a job, but not assigned to any special Workforce programs	↕	↕	↕	↕
Choices/TANF participant searching for a job	↕	↕	↕	↕
SNAP participant searching for a job	↕	↕	↕	↕

Name (Please print clearly)	Signature	SSN Last Four	Customer Status			
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		XXX - XX - _ _ _ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Use Only:

Location:			
<input type="checkbox"/> Arlington WF Center	<input type="checkbox"/> Resource Connection WF Center	<input type="checkbox"/> Northside WF Center	<input type="checkbox"/> Other: _____
<input type="checkbox"/> East Side WF Center	<input type="checkbox"/> Mid Cities WF Center	<input type="checkbox"/> Alliance WF Center	
Staff:			
<input type="checkbox"/> Tony Maclin, MS, LPC	<input type="checkbox"/> Lorena Gallegos, MA, LPC Intern	<input type="checkbox"/> Sherri Mata, MAPC, LPC	<input type="checkbox"/> Brandi Ownby, MS, LPC
<input type="checkbox"/> Joni Shaffer, M.Ed, LPC	<input type="checkbox"/> James A (Tony) Guinn, MS, LPC-S	<input type="checkbox"/> Joel Martinez, MSSW, LMSW	<input type="checkbox"/> Other: _____

Clinic Office:

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