

Group Activity Sign in Sheet - Date: ___/___/___

Activity: Anger Management Thinking for a Change Mastering Personal Change Alternative Problem Solving
 Personal Skills for Career Success Assessment Results Seminar Other: _____

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

	NextStep Grant Program Participant ↕			
	FACT Grant Program Participant ↕			
	Youth Services (WIA) ↕			
	Non-custodial Parent Program (NCP) ↕			

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

Staff Use Only:

Location:	<input type="checkbox"/> eSkills Library <input type="checkbox"/> East Side WF Special Programs Office <input type="checkbox"/> TCC Opportunity Center <input type="checkbox"/> Family Courts Building <input type="checkbox"/> Other: _____
Staff:	<input type="checkbox"/> Tony Maclin, MS, LPC <input type="checkbox"/> Sherri Mata, MAPC, LPC <input type="checkbox"/> Brandi Ownby, MS, LPC <input type="checkbox"/> Joel Martinez, MSSW, LMSW <input type="checkbox"/> James A (Tony) Guinn, MS, LPC-S <input type="checkbox"/> Other: _____

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