



**Arkansas Department of Human Services  
Division of Children and Family Services**

**TEAM DECISION MAKING MEETING  
SIGN-IN SHEET FOR MEETING PARTICIPANTS**

**PARENT/GUARDIAN PERMISSION**

I/we give the Division of Children and Family Services permission for the individuals listed in the sign-in sheet below to be present at this Team Decision Making Meeting (including community providers involved with my/our family, friends, relatives and other individuals that I/we have requested to be present).

Signature of Parent/Guardian	Signature of Parent/Guardian
Date	Date

**PRIVACY STATEMENT for ADDITIONAL FAMILY SUPPORTS**

As a participant in this Team Decision Making Meeting, I understand that I may share, exchange, and/or hear sensitive information about me/the parent(s) listed above and my/his or her family with the agencies, professionals, and others listed below. I further understand that I must be respectful of the information shared in this meeting which will be used to plan for child(ren)'s safety and to coordinate service delivery. While all participants listed below will maintain the privacy of the family discussed during this TDM Meeting, the information may be used in any future court proceeding or case planning involving the child(ren) who is(are) the subject of this meeting.

NAMES AND SIGNATURES				
Print Name	Signature	Address	Phone	Relationship to Family