

Individual: \_\_\_\_\_ Waiver: \_\_\_\_\_ Provider agency/staff: \_\_\_\_\_

**This form is used to document the contact made for the individual(s) who are interested in this connection.**

**Reason for the contact with this community partner:**

Name of individual/waiver	Check if individual was present at the time of meeting	Date	Place/person of contact	Outcome

Community partner's signature: \_\_\_\_\_

Agency staff's signature: \_\_\_\_\_

Individual's signature (if present): \_\_\_\_\_

**Summary of the meeting including outcome and next steps:**

**\*A copy of this sheet should be made a part of the individual's record and also sent to the support coordinator and LGE office.**