

**Entry Services**

**Orientation Attendance Sheet**

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| --- | --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | | Provider: | Click to enter | | |
| Session Location: | Click to enter | | Date of Session: | | Click to enter | |
| Time of Session Start: | | Click to enter | Time of Session End: | | | Click to enter |

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| **Name:** |  | **Phone:** |
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**(Please make sure to obtain this information in a confidential manner.)**