Louisiana Department of Children and Family Services

Case Planning Meeting Participant Sign-In

Name of Family: _____ **TIPS #:** _____

Meeting Location: _____ **Date:** _____

By signing below, I agree to keep confidential all personal and identifying information and records obtained during my participation in the case planning process regarding the above named child(ren) and family, pursuant to the confidentiality provisions of Louisiana R.S. 46:56 and policies of the Department of Children and Family Services. Mandatory child abuse/neglect reporting obligations and "duty to warn" situations take precedence.

Participant's Signature	Print Name	Relationship to Family	Agree with the plan? (Y or N)