

## Client and Family Meeting Minutes

Name of Licensed Home: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative and Scribe: \_\_\_\_\_

Members Attending:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Ground Rules

- Respect confidentiality
- No personal information shared
- Be respectful in communication
- All contributions are valued
- Focus on benefit for the clients
- Respect other's point of view

Binder(s):	Adult Services	Page:	1 of 1
Section(s):	PCP	A	Sept 6/18
Program Area(s):	Adult Disability		