

PERMANENCY PLANNING CONFERENCE ATTENDANCE REPORT

Michigan Department of Human Services

Date _____

Please **SIGN** your name for Attendance (Your signature indicates attendance only and does not imply agreement)

I have been advised that although privacy and respect are important, confidentiality can not be guaranteed.

_____ Role: _____	_____ Role: _____	_____ Role: _____

- Plan Provided to Participants
- Second Line Approval Noted (petitions and sibling split)

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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.