



\_\_\_\_\_ (Name of Provider)

\_\_\_\_\_ (Fiscal Year) \_\_\_\_\_ (Quarter) Staff Meeting(s)

Signature Log Attesting to Reviewing the following Healthy Start Related Meeting Minutes with Program Staff:

- |  |                               |
|--|-------------------------------|
| 1. Name of HSCMD Meeting: <u>HMS SIG and Follow-up Meeting</u> | Date Shared with Staff: _____ |
| 2. Name of HSCMD Meeting: <u>HMS SIG and Follow-up Meeting</u> | Date Shared with Staff: _____ |
| 3. Name of HSCMD Meeting: <u>HMS SIG and Follow-up Meeting</u> | Date Shared with Staff: _____ |
| 4. Name of HSCMD Meeting: <u>MICH Provider Meeting</u>         | Date Shared with Staff: _____ |
| 5. Name of HSCMD Meeting: <u>MICH Provider Meeting</u>         | Date Shared with Staff: _____ |
| 6. Name of Other Meeting: _____                                | Date Shared with Staff: _____ |
| 7. Name of Other Meeting: _____                                | Date Shared with Staff: _____ |
| 8. Name of Other Meeting: _____                                | Date Shared with Staff: _____ |
| 9. Name of Other Meeting: _____                                | Date Shared with Staff: _____ |
| 10. Name of Other Meeting: _____                               | Date Shared with Staff: _____ |



Number	Name of Staff (Print Name)	Title	Signature
1			
2			
3			
4			
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\* Please complete this signature log when sharing information provided at HSCMD meetings. Signature Log is required for each meeting listed on 1<sup>st</sup> page and also those listed in your Attachment IA of your contract.