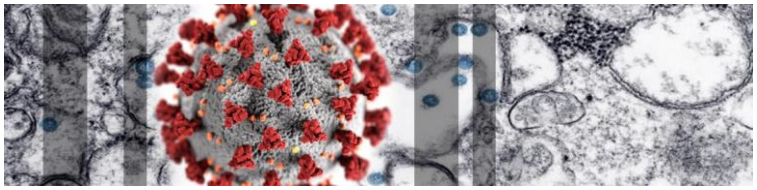
Community Support Network, Inc.

THE ASSOCIATION FOR NEW HAMPSHIRE'S TEN AREA AGENCIES



Visitor Disclosure Form

Date	Name (Print)	I have not experienced any cold or flu symptoms within the past 72 hours (Check if you agree)	I do not have a fever over 100.0 (Check if you agree)	I have not traveled out of NH in the last two weeks (Check if you agree)	Signature