COMMUNITY LIVING Toronto
Supporting Rights & Choices

Community Living Toronto
Visitor Log

Today's Date (mm/dd/yyyy): _____ **Program/Location:** _____

Name (please print)	Individual ✓	CLTO Staff ✓	Agency Staff ✓	Visitor ✓	Phone Number	Reason for Visit	Active Screening Completed ✓	Entry Permitted Y/N	Time In	Time Out	Reason for Denial
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