

## Attestation Statement

I acknowledge that I have received, read, and reviewed the Support Plan Addendum, Individual Abuse Prevention Plan, and Self-Management Assessment above. I understand the requirements, procedures, and expectations outlined in these plans.

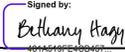
I agree to comply with and implement these plans as written in the course of my duties. I understand that failure to follow these plans may result in corrective action, up to and including termination of employment.

I also understand that if I have questions or require clarification about these plans, it is my responsibility to ask my supervisor or the compliance department before proceeding.

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## Signature

**Employee Name:** Bethany Hagy

**Employee Signature:** 

**Date:** 9/26/2025