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.

Signature

Employee Name: Rin Bromagen

Employee Signature: 

Date: 9/30/2025