



Residential Client File Acknowledgement

Client: ~~XXXXXXXXXX~~ CG House Name: Agate

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

Support Plan Addendum

CSSP

PCP (Person-Centered Plan)

SMA (Self-Management Assessment)

Support & Outcome (Goals – if applicable)

Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Other:

Staff Name printed: Alexis Childs

Staff Signature: Alexis Childs

House Lead/Director name printed: Heidi Doble

House Lead/Director Signature: Heidi Doble

Date Client File Read: 11/13/24