



Residential Client File Acknowledgement

Client Initials: RA House Name: Pinehill

Initial Read: X Annual: _____ R&R: _____

Check off what has been read:

- | | |
|---|---|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | _____ Support Plan Addendum |
| _____ CSSP | _____ PCP (Person-Centered Plan) |
| <input checked="" type="checkbox"/> 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

Staff Name Printed: Gail Dahl

Staff Signature: Gail Dahl

House Lead/Director Name Printed: Tara Skagerberg

House Lead/Director Signature: Tara Skagerberg

Date Client File Read: 4/27/25