



## Residential Client File Acknowledgement

Client Initials: KW House Name: Rochill

Initial Read: X Annual: \_\_\_\_\_ R&R: \_\_\_\_\_

### Check off what has been read:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input checked="" type="checkbox"/> Support Plan Addendum          |
| <input checked="" type="checkbox"/> CSSP                                    | <input type="checkbox"/> PCP (Person-Centered Plan)                |
| <input type="checkbox"/> SMA (Self-Management Assessment)                   | <input type="checkbox"/> Support & Outcome (Goals - If applicable) |

### Check off if included and read:

- Rights Restriction
- Positive Support Plan
- Safety Plan or Safety Protocol

Staff Name Printed: Ashley L Olson

Staff Signature: Ashley L Olson

House Lead/Director Name Printed: Tara Skagberg

House Lead/Director Signature: Tara Skagberg

Date Client File Read: 9/3/25