



Residential Client File Acknowledgement

Client Initials: SH House Name: Pinehill

Initial Read: 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 checked="" 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 Skagerberg

House Lead/Director Signature: Tara Skagerberg

Date Client File Read: 9/3/25