Residential Client File Acknowledgement

Client Initials: KA   House Name: Pinehill

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

Check off what has been read:

X IAPP (Individual Abuse Prevention Plan)   X Support Plan Addendum

X CSSP   X PCP (Person-Centered Plan)

X 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: 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