



## Residential Client File Acknowledgement

Client Initials: PH House Name: Agate

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

### 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

Staff Name Printed: TRACEY WILLIAMS

Staff Signature: Tracey Williams

House Lead/Director Name Printed: \_\_\_\_\_

House Lead/Director Signature: \_\_\_\_\_

Date Client File Read: 5.16.25