



Residential Client File Acknowledgement

Client ID #: SS House Name: Oak

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

Check off what has been read:

- | | |
|---|--|
| <input checked="" type="checkbox"/> LAPP (Individual Abuse Prevention Plan) | <input checked="" type="checkbox"/> Support Plan Addendum |
| <input checked="" type="checkbox"/> CSOP | <input checked="" 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:

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

Staff Name Printed: Natalia Walker-Wojtopp

Staff Signature:

House Lead/Director Name Printed: Lindsey Calhoun

House Lead/Director Signature:

Date Client File Read: 11.3.25