Join us on the road to success!

A Brighter Avenue

Orientation to Client

Thursday, October 1, 2026

Provider's Name	Luisa Lopez
Email	maria1971.lopez@gmail.com
Phone Number	(480) 616-7890
Client's Name	Ch[redacted]
Service(s) provided for Client (check all that apply)	Habilitation (HAH) Respite (RSP)
Please acknowledge	I have been oriented to my client(s) at A Brighter Avenue. I understand that the client's ISP (Individual Service Plan) is available for me to review at any time and that I can reach out to the director of my provider village or the director of my client's village at any time with questions or concerns.
Please sign	Luisa Lopez
Date	Thursday, October 1, 2026