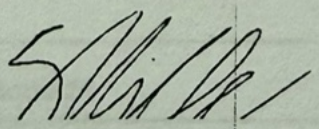
A Brighter Avenue

Orientation to Client

Provider's Name	Samuel Villegas
Email	samuelvillegas17@yahoo.com
Phone Number	(858) 312-9030
Client's Name	[redacted]
Service(s) provided for Client (check all that apply)	Habilitation (HAH) ☐ Respite (RSP) ☐ Attendant Care (ATC) ☐
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	
Date	Wednesday, September 30, 2026