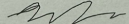
Join us on the road to success!
A Brighter Avenue

Orientation to Client

Thursday, August 21, 2025

Provider's Name	Shana Bedney
Email	smbedney64@hotmail.com
Phone Number	(507) 279-0755
Client's Name	No[redacted]
Service(s) provided for Client (check all that apply)	Habilitation (HAH) 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	Thursday, August 21, 2025