Friday, August 22, 2025

# Orientation to Client

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|---|---|
| **Provider's Name** | Lorinda Swenson |
| **Email** | Lorinda_swenson@yahoo.com |
| **Phone Number** | (505) 399-8652 |
| **Client's Name** | At[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** | Lorinda Swenson |
| **Date** | Friday, August 22, 2025 |