Join us on the road to success!
A Brighter Avenue

Orientation to Client

Provider's Name *

Marcie (First Name) Tripp (Last Name)

Email

mntripp75@gmail.com
example@example.com

Phone Number

602 (Area Code) - 9318033 (Phone Number)

Client's Name *

Kaitlyn (First Name) Tripp (Last Name)

Service(s) provided for Client (check all that apply) *

- [x] Habilitation (HAH)
- [ ] Respite (RSP)
- [ ] Attendant Care (ATC)
- [ ] Early Autism Habilitation (ECH/ECM)
- [ ] Early Learning Center (ELC)
- [ ] Speech Therapy
- [ ] Occupational Therapy
- [ ] Music Therapy

Client 2 (if applicable)

First Name Last Name

ENTERED 4/28/20 MAT

Service(s) provided for Client 2 (if applicable)

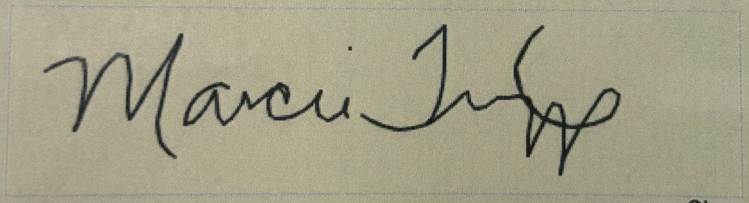
- [ ] Habilitation (HAH)
- [ ] Respite (RSP)
- [ ] Attendant Care (ATC)
- [ ] Early Childhood Autism Habilitation (ECH)

Please list any additional clients, if applicable, along with the services provided.

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 *



Clear

Date *

04-28-2020

Date

Submit

HIPAA COMPLIANT