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| **Risk Management Plan Training Addendum** | | |
| **Demographics at time of writing** | | |
| **Individual Name**: | **DOB**: | |
| **Service Coordinator**: | **Risk Mgmt. Plan Date**: | |
| **Risk Assessment Author**: | **Risk Assessment Date**: | |
| **Individual’s Area Agency:** Choose an item. | | |
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| **Trainer Attestation** | | |
| By signing below, I attest that I have been trained in the requirements of this individual’s Risk Management Plan and agree to follow guidelines as outlined, unless in receipt of expressed and agreed upon changes from the responsible area agency. I attest that I have been trained as outlined in the plan requirements. I attest that I have received approval from the area agency to engage in training staff members prior to supporting this individual. | | |
| **Trainer Signature:** | | |
| **Trainer Name/Title/Credentials:** | | |
| **Date Signed:** | | |
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| **Trainee Signoff** | | |
| By signing below, I attest that I have been trained in the requirements of this individual’s Risk Management Plan by the trainer as signed above and understand and agree to its contents. | | |
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| **Trainee Signature:** | | |
| **Trainee name/title/credentials:** | | **Date:** |
| **This individual will need to be retrained on this plan no later than this date:** | | |

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