



# NorthStar

## Community Services

### Residential Client File Acknowledgement

Client Initials: 2-24-24 House Name: Hillside

**Check off what has been read:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input checked="" type="checkbox"/> Support Plan Addendum                     |
| <input checked="" type="checkbox"/> CSSP                                    | <input checked="" type="checkbox"/> PCP (Person-Centered Plan)                |
| <input checked="" type="checkbox"/> SMA (Self-Management Assessment)        | <input checked="" type="checkbox"/> Support & Outcome (Goals – if applicable) |

**Check off if included and read:**

- Rights Restriction
- Positive Support Plan
- Safety Plan or Safety Protocol

Staff Name printed: Linda Reeves

Staff Signature: Linda Reeves

House Lead/Director name printed: May Stenon

House Lead/Director Signature: [Signature]

Date Client File Read: 2-24-224