



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: CR

House Name: Aspen House

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

Support Plan Addendum

CSSP

PCP (Person-Centered Plan)

SMA (Self-Management Assessment)

Support & Outcome (Goals – if applicable)

Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Stephanie Gorman

Staff Signature: Stephanie Gorman

House Lead/Director name printed: May Stenson

House Lead/Director Signature: [Signature]

Date Client File Read: 5-16-24



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: AR

House Name: ASPEN

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

CSSP

SMA (Self-Management Assessment)

Support Plan Addendum

PCP (Person-Centered Plan)

Support & Outcome (Goals – if applicable)

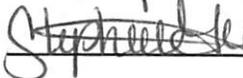
Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Stephanie Gorman

Staff Signature: 

House Lead/Director name printed: May Stenson

House Lead/Director Signature: 

Date Client File Read: 5-16-24



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: AB

House Name: Aspen House

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

CSSP

SMA (Self-Management Assessment)

Support Plan Addendum

PCP (Person-Centered Plan)

Support & Outcome (Goals – if applicable)

Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Stephanie Gorman

Staff Signature: *Stephanie Gorman*

House Lead/Director name printed: May Stensen

House Lead/Director Signature: *[Signature]*

Date Client File Read: 5-16-24