



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: BOX

House Name: River

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: Shawn Mueller

Staff Signature: [Signature]

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: [Signature]

Date Client File Read: 8-15-24



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: JG

House Name: River

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: Shawn Mueller

Staff Signature: *Shawn Mueller*

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: *Brittany Kinn*

Date Client File Read: 8-15-24



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: JS

House Name: River

Check off what has been read:

- IAPP (Individual Abuse Prevention Plan)
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- SMA (Self-Management Assessment)

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Date Client File Read: 8-15-24