NorthStar
Community Services

# Community Client File Acknowledgement

Client Name: O M Location: Community - IHS

**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)

Staff Name printed: LaVonne Ellis

Staff Signature: [signature]

Program Director name printed: Tiffany Landa

Program Director Signature: [signature]

Date Client File Read: 9.25.24