



NorthStar Community Services

Residential Client File Acknowledgement

Client : EC _____ House Name: Birch _____

Check off what has been read:

- | | |
|---|--|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input type="checkbox"/> Support Plan Addendum |
| <input type="checkbox"/> CSSP | <input type="checkbox"/> PCP (Person-Centered Plan) |
| <input type="checkbox"/> SMA (Self-Management Assessment) | <input 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: Carrie Dahl _____

Staff Signature: Carrie Dahl _____

House Lead/Director name printed: Jesse Leno _____

House Lead/Director Signature: Jesse Leno _____

Date Client File Read: 9-26-2024 _____