NorthStar
Community Services

Residential Client File Acknowledgement

Client: N B House Name: Chestnut

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:

_X_ Rights Restriction

_____ Positive Support Plan

_____ Safety Plan or Safety Protocol

Staff Name printed: Ashley Deters

Staff Signature:

House Lead/Director name printed: Amanda Briggs

House Lead/Director Signature:

Date Client File Read: 10/08/24