NorthStar
Community Services

Residential Client File Acknowledgement

Client : EC _____ House Name: Birch

Check off what has been read:

X 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: Brooklyn Osvold

Staff Signature: [signature]

House Lead/Director name printed: Jesse Leno

House Lead/Director Signature: Jesse Leno

Date Client File Read: 9/21/24