NorthStar
Community Services

Residential Client File Acknowledgement

Client: EC House Name: Birch

Check off what has been read:

____ IAPP (Individual Abuse Prevention Plan)

____ CSSP

_X_ SMA (Self-Management Assessment)

_X_ Support Plan Addendum

____ PCP (Person-Centered Plan)

_X_ Support & Outcome (Goals – if applicable)

Check off if included and read:

____ Rights Restriction

____ Positive Support Plan

____ Safety Plan or Safety Protocol

_X_ Provisional Discharge

Staff Name printed: Jennifer Gorder

Staff Signature: Jennifer Gorder

House Lead/Director name printed: Jesse Leno

House Lead/Director Signature: Jesse Leno

→ over

Date Client File Read: 9/30/24