



# 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: Charlotte Mainville

Staff Signature: Charlotte Mainville

House Lead/Director name printed: Jesse Leno

House Lead/Director Signature: Jesse Leno

Date Client File Read: 9.17.24