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: Aidyn Holznagel
Staff Signature: Aidyn Holznagel

House Lead/Director name printed: Jesse Leno
House Lead/Director Signature: Jesse Leno

Date Client File Read: 9/27/24