



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: BN House Name: Sunny Side

Check off what has been read:

- | | |
|---|---|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input checked="" type="checkbox"/> Support Plan Addendum |
| <input checked="" type="checkbox"/> CSSP | <input checked="" type="checkbox"/> PCP (Person-Centered Plan) |
| <input checked="" type="checkbox"/> SMA (Self-Management Assessment) | <input checked="" 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: Elizabeth Markey

Staff Signature: Elizabeth Markey

House Lead/Director name printed: Tara Skagerberg

House Lead/Director Signature: Tara Skagerberg

Date Client File Read: 8/1/24