



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: BN

House Name: Sunnyside

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

Support Plan Addendum

CSSP

PCP (Person-Centered Plan)

SMA (Self-Management Assessment)

Support & Outcome (Goals – if applicable)

Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Tara Skaguberg

Staff Signature: Tara Skaguberg

House Lead/Director name printed: _____

House Lead/Director Signature: Tara Skaguberg

Date Client File Read: 9/24/24