



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: AG

House Name: Chestnut

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 Skagerberg

Staff Signature: Tara Skagerberg

House Lead/Director name printed: Cheri LaVay

House Lead/Director Signature: Cheri LaVay

Date Client File Read: 10/5/24



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: NB

House Name: Chestnut

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 Skagerberg

Staff Signature: Tara Skagerberg

House Lead/Director name printed: Chen Calvey

House Lead/Director Signature: Chen Calvey

Date Client File Read: 10/16/24



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: AK House Name: Chestnut

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 type="checkbox"/> PCP (Person-Centered Plan) |
| <input checked="" 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: Tara Skaguberg

Staff Signature: *Tara Skaguberg*

House Lead/Director name printed: _____

House Lead/Director Signature: _____

Date Client File Read: 10/5/24



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: QS

House Name: Chestnut

Check off what has been read:

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: Tara Skagerberg

Staff Signature: Tara Skagerberg

House Lead/Director name printed: Cheri LaVey

House Lead/Director Signature: Cheri LaVey

Date Client File Read: 10/5/24