NorthStar
Community Services

Residential Client File Acknowledgement

Client Initials: __AG__   House Name: __Chestnut__

Check off what has been read:

[X] IAPP (Individual Abuse Prevention Plan)   _____ Support Plan Addendum

_____ CSSP   _____ PCP (Person-Centered Plan)

[X] 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: __Elizabeth Markey__

Staff Signature: __Elizabeth Markey__

House Lead/Director name printed: __Tara Skagerberg__

House Lead/Director Signature: __Tara Skagerberg__

Date Client File Read: __7/24/24__

![NorthStar Community Services]

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__✗__ SMA (Self-Management Assessment)   __✗__ Support & Outcome (Goals – if applicable)

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_____ 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: __7/26/24__