



NorthStar

Community Services

Residential Client File Acknowledgement

Client: Keith Hunter House Name: Agate

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

Other:

Staff Name printed: Joseph Packer

Staff Signature: Joseph Packer

House Lead/Director name printed: _____

House Lead/Director Signature: _____

Date Client File Read: 10-19-24



NorthStar

Community Services

Residential Client File Acknowledgement

Client: Dennis Beebe House Name: Agate

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

Other:

Staff Name printed: Joseph Packard

Staff Signature: Joseph Packard

House Lead/Director name printed: _____

House Lead/Director Signature: _____

Date Client File Read: 10-19-24



NorthStar

Community Services

Residential Client File Acknowledgement

Client: Robert Johnson House Name: Agate

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

Other:

Staff Name printed: Joseph Packer

Staff Signature: Joseph Packer

House Lead/Director name printed: _____

House Lead/Director Signature: _____

Date Client File Read: 10-19-24