NorthStar
Community Services

Residential Client File Acknowledgement

Client: Robert "Bob" Johnson House Name: Agate

Check off what has been read:

X IAPP (Individual Abuse Prevention Plan)

____ CSSP

X SMA (Self-Management Assessment)

____ Support Plan Addendum

X 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

____ Other:

Staff Name printed: Heidi Doble

Staff Signature: Heidi Doble

House Lead/Director name printed: Ashley Lykes

House Lead/Director Signature: Ashley Lykes

Date Client File Read: 10/8/24

NorthStar
Community Services

Residential Client File Acknowledgement

Client: Keith Hunter House Name: Agate

Check off what has been read:

- X IAPP (Individual Abuse Prevention Plan)
- ____ CSSP
- X SMA (Self-Management Assessment)
- X Support Plan Addendum
- X 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
- ____ Other:

Staff Name printed: Heidi Doble

Staff Signature: Heidi Doble

House Lead/Director name printed: Ashley Fetters

House Lead/Director Signature:

Date Client File Read: 10/8/24

NorthStar
Community Services

Residential Client File Acknowledgement

Client: Dennis Beebe "JR" House Name: Agate

Check off what has been read:

X IAPP (Individual Abuse Prevention Plan)

X CSSP

X SMA (Self-Management Assessment)

X 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

____ Other:

Staff Name printed: Heidi Doble

Staff Signature: Heidi Doble

House Lead/Director name printed: Ashley Fetters

House Lead/Director Signature: Ashley Fetters

Date Client File Read: 10/8/24