



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: hw

House Name: Pine Hill

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: Brooklyn Oswald

Staff Signature: [Signature]

House Lead/Director name printed: Esperansa Hingbore

House Lead/Director Signature: [Signature]

Date Client File Read: ~~10/5/24~~ 2-10-2024



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: Sh

House Name: Pine Hill

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: Brooklyn Osuold

Staff Signature: [Signature]

House Lead/Director name printed: Esperanza Kingbird

House Lead/Director Signature: [Signature]

Date Client File Read: ~~10/15/24~~
2/10/2024



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: DS

House Name: Pine Hill

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: Brooklyn Osvold

Staff Signature: [Signature]

House Lead/Director name printed: Esperanza Kingbird

House Lead/Director Signature: [Signature]

Date Client File Read: ~~10/15/24~~
2-10-2024