NorthStar
Community Services

# Residential Client File Acknowledgement

Client: JD [redacted] House Name: Aspen

**Check off what has been read:**

X IAPP (Individual Abuse Prevention Plan)

____ CSSP **N/A (Not currently on waiver, private pay)**

____ 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

X Referral Documents/Assessments/Medical Reports

Staff Name printed: Justina Ical

Staff Signature: Justin Ical

House Lead/Director name printed: Mary Stanek

House Lead/Director Signature: [signature]

Date Client File Read: 11-25-24