NorthStar
Community Services

Residential Client File Acknowledgement

Client Initials: BDK House Name: River

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: Sommer Swager

Staff Signature: Sommer Swager

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: Brittany Kinn

Date Client File Read: 11/11/24

NorthStar
Community Services

Residential Client File Acknowledgement

Client Initials: JS House Name: River

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

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Staff Signature: Sommer Swager

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: Brittany Kin

Date Client File Read: 11/11/24

NorthStar
Community Services

Residential Client File Acknowledgement

Client Initials: TB House Name: River

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- ✓ IAPP (Individual Abuse Prevention Plan)
- ✓ CSSP
- ✓ SMA (Self-Management Assessment)
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- ____ PCP (Person-Centered Plan)
- ____ Support & Outcome (Goals – if applicable)

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- ____ Rights Restriction
- ____ Positive Support Plan
- ____ Safety Plan or Safety Protocol

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Staff Signature: Sommer Swager

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House Lead/Director Signature: Brittany Kin

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NorthStar
Community Services

Residential Client File Acknowledgement

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Date Client File Read: 11/11/24