

Noah



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: CL

House Name: Sunset

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: Noah Cole

Staff Signature: [Signature]

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: [Signature]

Date Client File Read: 8/29/24

Noah



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: SCW

House Name: Sunset

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: Noah Cole

Staff Signature: [Signature]

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: [Signature]

Date Client File Read: 10/7/24

Noah



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: SM House Name: Sunset

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: Noah Cole

Staff Signature: [Signature]

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: [Signature]

Date Client File Read: 8/29/24

Noah



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IAPP (Individual Abuse Prevention Plan)

Support Plan Addendum

CSSP

PCP (Person-Centered Plan)

SMA (Self-Management Assessment)

Support & Outcome (Goals – if applicable)

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Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Noah Cole

Staff Signature: [Signature]

House Lead/Director name printed: Brittany Kinn

House Lead/Director Signature: [Signature]

Date Client File Read: 8/29/24