NorthStar
Community Services

Residential Client File Acknowledgement

Client: DJ House Name: Pinehill

Check off what has been read:

X IAPP (Individual Abuse Prevention Plan)

X CSSP

X SMA (Self-Management Assessment)

X Support Plan Addendum

X PCP (Person-Centered Plan)

X Support & Outcome (Goals – if applicable)

Check off if included and read:

X Positive Support Plan

____ Safety Plan or Safety Protocol

Staff Name printed: Tina Randa

Staff Signature: Tina Randa

House Lead/Director name printed: Esperanza Kingford

House Lead/Director Signature: Esperanza Kingford

Date Client File Read: 12-5-24