NorthStar
Community Services

Residential Client File Acknowledgement

Client: JH House Name: Pinehill

Check off what has been read:

X IAPP (Individual Abuse Prevention Plan)

X Waiver Support Plan (previously referred to as CSSP)

____ SMA (Self-Management Assessment)

____ Support Plan Addendum

____ PCP (Person-Centered Plan)

____ Support & Outcome (Goals – if applicable)

Check off if included and read:

____ Positive Support Plan

____ Safety Plan or Safety Protocol

Staff Name printed: Tina Randa

Staff Signature: Tina Randa

House Lead/Director name printed: Esperansa Ihingbird

House Lead/Director Signature: Esperansa Ihingbird

Date Client File Read: 12-5-24