NorthStar
Community Services

Residential Client File Acknowledgement

Client: [redacted] VLS House Name: Birch

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:

____ Rights Restriction

X Positive Support Strategies

____ Safety Plan or Safety Protocol

Staff Name printed: Carrie Dahl

Staff Signature: Carrie Dahl

House Lead/Director name printed: Jesse Lenz

House Lead/Director Signature: Jesse Lenz

Date Client File Read: 12-15-24