



# NorthStar Community Services

## Residential Client File Acknowledgement

Client: [redacted] V.S. House Name: Birch

**Check off what has been read:**

- |                                                                  |                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input type="checkbox"/> Support Plan Addendum                     |
| <input type="checkbox"/> CSSP                                    | <input type="checkbox"/> PCP (Person-Centered Plan)                |
| <input type="checkbox"/> SMA (Self-Management Assessment)        | <input type="checkbox"/> Support & Outcome (Goals – if applicable) |

**Check off if included and read:**

- Rights Restriction (court rights restriction, Mary and/or George Saarela)
- Positive Support Plan
- Safety Plan or Safety Protocol

Staff Name printed: Jennifer Gorder

Staff Signature: Jennifer Gorder

House Lead/Director name printed: Jesse Leno

House Lead/Director Signature: Jesse Leno

Date Client File Read: 11/12/24