



# NorthStar

## Community Services

### Residential Client File Acknowledgement

Client Initials: ~~BN~~ BN

House Name: Sunny Side

**Check off what has been read:**

SS IAPP (Individual Abuse Prevention Plan)

\_\_\_ Support Plan Addendum

SS CSSP

\_\_\_ PCP (Person-Centered Plan)

SS SMA (Self-Management Assessment)

\_\_\_ Support & Outcome (Goals – if applicable)

**Check off if included and read:**

\_\_\_ Rights Restriction

SS Positive Support Plan

\_\_\_ Safety Plan or Safety Protocol

Staff Name printed: Stephen Swanstrom

Staff Signature: [Signature]

House Lead/Director name printed: BSchey

House Lead/Director Signature: [Signature]

Date Client File Read: 1-20-2025