



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: JD

House Name: Aspen

Check off what has been read:

- IAPP (Individual Abuse Prevention Plan)
- CSSP
- SMA (Self-Management Assessment)

- Support Plan Addendum
- PCP (Person-Centered Plan)
- Support & Outcome (Goals – if applicable)

Check off if included and read:

- Rights Restriction
- Positive Support Plan
- Safety Plan or Safety Protocol

Staff Name printed: Amy Wise

Staff Signature: Amy Wise

House Lead/Director name printed: Beth Schatz Training Coord.

House Lead/Director Signature: Beth Schatz

Date Client File Read: 1-21-2005



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: BS

House Name: Aspen

Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

CSSP

SMA (Self-Management Assessment)

Support Plan Addendum

PCP (Person-Centered Plan)

Support & Outcome (Goals – if applicable)

Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Staff Name printed: Amy Wise

Staff Signature: [Signature]

House Lead/Director name printed: Beth Schetz Training Coord.

House Lead/Director Signature: [Signature]

Date Client File Read: 1-21-2025



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: S.S

House Name: Aspen

Check off what has been read:

- IAPP (Individual Abuse Prevention Plan)
- CSSP
- SMA (Self-Management Assessment)

- Support Plan Addendum
- PCP (Person-Centered Plan)
- Support & Outcome (Goals – if applicable)

Check off if included and read:

- Rights Restriction
- Positive Support Plan
- Safety Plan or Safety Protocol

Staff Name printed: Amy Wise

Staff Signature: [Handwritten Signature]

House Lead/Director name printed: Beth Schatz Training Coord.

House Lead/Director Signature: [Handwritten Signature]

Date Client File Read: 1-21-2005