



# 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: Winter Schwartz

Staff Signature: [Signature]

House Lead/Director name printed: Cheri Calvey

House Lead/Director Signature: [Signature]

Date Client File Read: 1-24-25



# 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: Winter Schwarts

Staff Signature: [Signature]

House Lead/Director name printed: Cheri LaVay

House Lead/Director Signature: [Signature]

Date Client File Read: \_\_\_\_\_



# NorthStar

## Community Services

### Residential Client File Acknowledgement

Client Initials: SS

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: Winter Schwartz

Staff Signature: [Signature]

House Lead/Director name printed: Cheri LaVoy

House Lead/Director Signature: [Signature]

Date Client File Read: 1-24-25