



# NorthStar Community Services

## Residential Client File Acknowledgement

Client: ~~XXXXXXXXXX~~ JD House Name: Aspen

### Check off what has been read:

IAPP (Individual Abuse Prevention Plan)

Support Plan Addendum

CSSP

PCP (Person-Centered Plan)

SMA (Self-Management Assessment)

Support & Outcome (Goals – if applicable)

### Check off if included and read:

Rights Restriction

Positive Support Plan

Safety Plan or Safety Protocol

Referral Documents/Assessments/Medical Reports

Staff Name printed: Justin Hea

Staff Signature: *Justin Hea*

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: *BW*

Date Client File Read: 1/24/25



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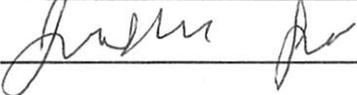
**Check off if included and read:**

Rights Restriction

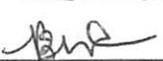
Positive Support Plan

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Staff Name printed: Justin Keal

Staff Signature: 

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