



NorthStar Community Services

Residential Client File Acknowledgement

Client: ~~_____~~ JD House Name: Aspen

Check off what has been read:

- | | |
|---|--|
| <input checked="" type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input type="checkbox"/> Support Plan Addendum |
| <input type="checkbox"/> CSSP N/A (Not currently on waiver, private pay) | <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
- Positive Support Plan
- Safety Plan or Safety Protocol
- Referral Documents/Assessments/Medical Reports

Staff Name printed: Mania Ward

Staff Signature: Mania Ward

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: BW

Date Client File Read: 11/27/25



NorthStar Community Services

Residential Client File Acknowledgement

Client: SD House Name: Aspen

Check off what has been read:

- | | |
|--|--|
| <input type="checkbox"/> IAPP (Individual Abuse Prevention Plan) | <input checked="" type="checkbox"/> Support Plan Addendum |
| <input type="checkbox"/> CSSP | <input type="checkbox"/> PCP (Person-Centered Plan) |
| <input checked="" type="checkbox"/> SMA (Self-Management Assessment) | <input type="checkbox"/> 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: Maria Ward

Staff Signature: Maria Ward

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: BW

Date Client File Read: 12/5/25



NorthStar Community Services

Residential Client File Acknowledgement

Client: 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

Staff Name printed: Mania Ward

Staff Signature: Mania Ward

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: BW

Date Client File Read: 1/6/25