



# 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: Sarah Larson

Staff Signature: Sarah Larson

House Lead/Director name printed: Blake Woodworth

House Lead/Director Signature: BLW

Date Client File Read: 1/27/25



# NorthStar

## Community Services

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**Check off what has been read:**

- |   |  |
|---|--|
| <input checked="" 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: Sarah Larson

Staff Signature: Sarah Larson

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: BW

Date Client File Read: 1-27-05



# NorthStar

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Date Client File Read: 1-27-25