



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: Winter Schwartz

House Lead/Director name printed: Blake Woodworth

House Lead/Director Signature: BW

Date Client File Read: 01/24/2025



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: Winter Schwartz

Staff Signature: WMS

House Lead/Director name printed: Blake Woodworth

House Lead/Director Signature: BW

Date Client File Read: 01/24/2025



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Community Services

Residential Client File Acknowledgement

Client: JD House Name: Aspen

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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: Winter Schwartz

Staff Signature: [Signature]

House Lead/Director name printed: Blake Wadsworth

House Lead/Director Signature: [Signature]

Date Client File Read: 01/24/2025



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: BS House Name: Aspen

Check off what has been read:

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

House Lead/Director Signature: [Signature]

Date Client File Read: 01/24/2025



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: Blake Wadsworth

House Lead/Director Signature: [Signature]

Date Client File Read: 01/24/2025