



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: BA

House Name: Crosslake

Initial Read DS

Annual _____

R&R Updated _____

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: Dean Griffith

Staff Signature: Dean Griffith

House Lead/Director name printed: Cathy Steiner

House Lead/Director Signature: Cathy Steiner

Date Client File Read: 2-12-25