



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: JD

House Name: Aspen

Initial Read _____

Annual _____

R&R Updated X

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: Marsha Boyer

Staff Signature: [Signature]

House Lead/Director name printed: Beth Schetz Training Card

House Lead/Director Signature: Beth Schetz

Date Client File Read: 2/18/25



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: BS

House Name: Aspen

Initial Read _____

Annual _____

R&R Updated _____

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: Marsha Boyer

Staff Signature: [Signature]

House Lead/Director name printed: Beth Schertz Training Coord

House Lead/Director Signature: [Signature]

Date Client File Read: 2-18-15



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: SS House Name: Aspen

Initial Read _____ Annual _____ R&R Updated _____

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: Marsha Bayer

Staff Signature: [Signature]

House Lead/Director name printed: Bea Schatz Training Coord.

House Lead/Director Signature: [Signature]

Date Client File Read: 2/18/25