



NorthStar

Community Services

Residential Client File Acknowledgement

Client Initials: J.T.

House Name: Cross Lake

Initial Read D

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 Skinner

House Lead/Director Signature: Cathy Skinner

Date Client File Read: 2-12-25