



NorthStar Community Services

Residential Client File Acknowledgement

Client Initials: CL House Name: Sunset

Initial Read Annual R&R Updated

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 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

Staff Name printed: Michelle Mueller

Staff Signature: Michelle Mueller

House Lead/Director name printed: Cathy Stoner

House Lead/Director Signature: [Signature]

Date Client File Read: 9/5/25