CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Application Instructions and Resources

The information below is to provide as general guidance for completing the Certified Community Residential Services and Supports (CCRSS) Application. All questions in the application must be completed or write **N/A** if the question does not apply. Copies of all required documents must accompany the application. Incomplete application packets will delay the certification process. If the application is incomplete, you will receive a written notice via email from the department.

Please Note: The application and attestation must be signed by the owner / administrator or majority owner.

You must notify BAAU in writing if any information in the application changes before the applicant is certified. Email the corrected information to BAAU@dshs.wa.gov. Be sure to identify the individual / agency and contact information on all documents submitted.

CCRSS Application Checklist

Please note: Do not include this instruction / resource document when submitting the application packet.

Section 1. Type of Application

Check the box that applies.

Initial application: This is an application for a CCRSS that is not currently certified or **Expanded application:** This is an initial application for a current CCRSS that is expanding into another region or county.

Change of Ownership (CHOW): This is an application for a CCRSS that is currently certified and there is per WAC 388-101-3060 a change in:

- The business entity ownership; or
- The form of the legal organization,

If the applicant is not a current service provider, the applicant must apply for initial certification.

Section 2. Type of Service Provided

Check the box that applies.

Supported Living services help persons live in their own homes with one to three others and receive instruction and support from contracted service providers. Supports vary from a few hours / month up to 24 hours / day. Services are based on individual need and the sharing supports within a household. Services are offered in integrated settings and support personal power, choice, and full access to the greater community. Individuals pay their own rent, food, and other personal expenses. Supported living providers cannot own the home where the client lives.

Group training homes are community-based, residential facilities that typically serve 5-12 adults. The homes provide 24-hour instruction and support services. This includes services based on individual need and shared support within a household. Services are offered in an integrated setting and support personal power, choice and full access to the greater community. Individuals pay monthly based on their income, which covers food and shelter. Group training homes are owned by the provider.

Group Homes are community-based, residential facilities that typically serve 5-12 adults. The homes provide 24-hour instruction and support services for individuals with developmental and/or intellectual disabilities. The services are based on individual need and shared support within a household. Services are offered in an integrated setting and support personal power, choice and full access to the community. Individuals pay monthly based on their income, which covers food and shelter. Group homes are licensed as assisted living facilities or adult family homes in addition to being certified by DSHS' Residential Care Services Division. The license identifies the number of people allowed in each home. Group homes are owned by the provider.

If applying for a group home submit a copy of your current Adult Family Home and/or Assisted Living Facility license.

Section 3. Geographic Area of Service

List the county where services will be provided. Submit a separate application for each county.

Section 4. Information About the Service Provider

Box 1..... Name of Service Provider

Box 2..... Provide the physical location of the Service Provider.

Box 3..... Provide the mailing address is different from the physical address.

Boxes 4 - 8 .. Provide requested information. **An email is required**.

Section 5. Legal Entity Information

Box 1:..... Provide the legal name of the entity as listed on the Washington State Business license issued by Department of Revenue (DOR).

Box 2:..... Provide the 9-digit Unified Business Identifier (UBI) listed on your Washington State Business license issued by DOR. Contact DOR, Business Licensing Service at 1-800-451-7985 to get information about obtaining a UBI.

Box 3:..... Provide the 9-digit Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS). To obtain an EIN contact the IRS at 1-800-829-4933.

Section 6. Individuals Associated with Service Provider (if sole proprietor, skip this section)

Include each person listed on the business license and percentage of ownership. This includes all partners, officers, directors, and majority owner of applying entity. If more space is needed attach additional page(s) to the application. Information in this section is verified with DOR and Secretary of State (SOS).

Section 7. Administrator Information

Box 1..... Provide the name of the administrator. Administrator means the person designate to oversee all aspects of the service including developing and maintaining polices, maintaining and securely storing client, personnel, and financial records, and staffing including recruitment, staff training and performance reviews.

Box 2 – 4..... Provide requested information.

Box 5 – 6..... Provide the name of the Spouse / Domestic Partner and requested information.

The application packet must include copies of all required documentation as listed in WAC 388-101 and WAC 388-101D for the qualifications for the administrator.

- Have a high school diploma or GED equivalent
- Be at least twenty-one years of age or older
- Administrator resume
- Statement of financial stability
- Three professional references for the Administrator
- Copy of the license if applying for certification as a group home

Section 8. Sole Proprietors Only

Box 1..... Provide the name of the Sole Proprietor.

Box 2 – 44.... Provide requested information.

Section 9. Licensing, Contracting and Certification History

Answer questions 1 through 14. If "Yes" to any questions in this section, provide the requested information.

Section 10. Background Information

Complete an online background authorization form located at **https://fortress.wa.gov/dshs/bcs/**. Print and submit the completed background authorization form for each of the following:

- Partners, officers, directors, and member(s), and/or owner(s) of applying entity.
- Sole proprietor and the spouse / domestic partner must be listed.
- Administrator

Do not list any caregivers, clients and/or residents.

Section 11. Consent to Release and/or Use Confidential Information

Each person listed on the application must sign this section

Section 12. Applicant Certification

Review this information and certify that the information provided in the application and all supporting documents are true and correct.

Section 13. CCRSS Policies and Procedures Attestation

Complete the Attestation at the bottom of the application. Name in the first blank must match the signature at the bottom.

Submitting Application	
Submit your application, attestation and supporting documents:	
For US Postal Mail:	For Federal Express:
HCLA BAAU PO BOX 45600 OLYMPIA WA 98504-5600	HCLA BAAU 4500 10TH AVE SE (BLAKE EAST) LACEY WA 98503
Please note: Do not include the instructions / resource document when submitting the application packet.	
If you have questions about completing the application, please email the Business Analysis and Applications Unit (BAAU) at BAAU@dshs.wa.gov or call 360-725-2573, we will respond within 48 hours.	