ATTACHMENT K

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Notes

Evaluator's Name

INTAKE ID NUMBER(S) FOR FOLLOW-UP COMPLAINT INVESTIGATIONS	
PROVIDER	
DATE	TIME ☐ AM ☐ PM
CLIENT(S)	STAFF