

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.

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](mailto:BAAU@dshs.wa.gov). Be sure to identify the individual or agency and contact information on all documents submitted.

CCRSS Application Checklist
<b>Please note: <u>Do not</u> include this instruction / resource document when submitting the application packet.</b>
Section 1. Type of Application
<p>Check the box that applies.</p> <p><b>Initial application:</b> This is an application for a CCRSS that is not currently certified.</p> <p><b>Change of Ownership (CHOW):</b> This is an application for a CCRSS that is currently certified and there is a change in the business entity ownership or the form of the legal organization changes per <a href="#">WAC 388-101-3060</a>.</p>
Section 2. Type of Service Provided
<p>Check each box that applies.</p> <p>If applying for a group home submit a copy of your current Adult Family Home and/or Assisted Living Facility license.</p>
Section 3. Geographic Area of Service
<p>List the county where services will be provided. <b>Submit a separate application for each county.</b></p>
Section 4. Information About the Service Provider
<p><b>Box 1</b> ..... Provide the Doing Business as name of the entity.</p> <p><b>Box 2</b> ..... Provide the physical location of the Service Provider.</p> <p><b>Box 3</b> ..... Provide the mailing address is different from the physical address.</p> <p><b>Boxes 4 - 8</b> .. Provide requested information.</p>
Section 5. Legal Entity Information
<p><b>Box 1:</b> ..... Provide the legal name of the entity as <u>listed</u> on the Washington State Business license issued by <a href="#">Department of Revenue (DOR)</a>.</p> <p><b>Box 2:</b> ..... Provide the 9 digit Unified Business Identifier (UBI) listed on your Washington State Business license issued by DOR. Contact <a href="#">DOR</a>, Business Licensing Service at 1-800-451-7985 to get information about obtaining a UBI.</p> <p><b>Box 3:</b> ..... Provide the 9 digit Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS). To obtain an EIN contact the <a href="#">IRS</a> at 1-800-829-4933.</p>
Section 6. Individuals Associated with Service Provider
<p>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 <a href="#">DOR</a> and <a href="#">Secretary of State (SOS)</a>.</p>

## Section 7. Administrator Information

**Box 1** ..... Provide the name of the administrator.

**Box 2 – 5** ..... Provide 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
- Statements of financial stability
- Three professional references for the Administrator
- Copy of the license if applying for certification as a group home

## Section 8. Licensing, Contracting and Certification History

All Questions 1-14 must be marked “Yes” or “No.”

## Section 9. 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 majority owner of applying entity and the spouse/domestic partner of the applicant
- Administrator

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

## Section 10. Current Employee of the State of Washington

List any partners, officers, directors and majority owner of applying entity who are currently employed by the Department of Social and Health Services (DSHS).

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

Each person listed on the application must sign this section

## Section 12. Consent to Release and/or Use Confidential Information

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

## Submitting Application

Submit your application and supporting documents:

For US Postal Mail:

ALTSA BAAU  
PO BOX 45600  
OLYMPIA WA 98504-5600

For Federal Express:

ALTSA BAAU  
4450 10<sup>TH</sup> AVE SE (BLAKE WEST)  
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](mailto:BAAU@dshs.wa.gov) or call 360-725-2573, we will respond within 48 hours.