

CCRSS PROVIDER NAME		CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)	



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

CCRSS Certification Evaluation Client Interview

CLIENT NAME	CLIENT SAMPLE ID NUMBER	DATE OF INTERVIEW
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Brief review of PCSP/ISP, IISP, PBSP, IFP (list any areas of concern)

The questions below are formulated to determine if clients are satisfied with the provider's instruction and supports, if needs are met and client rights are protected. Document client answers to the questions or declination to answer the questions on the right side of the box.

Check here if the client is not capable of being interviewed.

If the box above is checked, skip rest of form and move to next form.

A. Overall Satisfaction and Responses to Concerns

What do you like about living here?
What things, if any, don't you like about living here?
Can you tell someone if you don't like it here?
Who would you talk to if you had concerns?
What do you think they would do about it?

B. Care and Service Needs

Do you get the help that you need?
Can you give me an example of how the staff help you?
What things are staff teaching you to do?
What would you like them to do more of?

C. Support of Personal Relationships

Do you have friends or relatives in the community that you visit with?
Does staff help you make arrangements to see them?

D. Restrictions

Are there any rules in your house? If there are:

- Tell me about the rules.
- Who makes the rules?
- What happens when someone doesn't follow the rules?

If there are any items in your house that are not available / accessible to you or are locked-up, what are they (medications / sharps / food)?
Were you given a choice about locking these items up?
Do you approve of these items being locked up?

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E. Respect of Individuality, Independence, Personal Choice, Dignity		
<p>Tell me how the staff treats you and speaks to you.</p> <p>Do you have any concerns about how you are treated?</p> <p>How does the staff know about your preferences?</p> <p>Can you make your own choices?</p> <p>What kinds of things do you make choices about?</p>		
F. Environment		
<p>Tell me about your room and how it's decorated. Did you make the choices and help?</p> <p>If the home is a shared household: tell me about how you get along with your housemates?</p>		
G. Health and Safety		
<p>Do you feel safe here?</p> <p>Does anything make you feel uncomfortable here?</p> <p>Do you see a doctor or dentist when you need to?</p> <p>Who helps you make appointments?</p> <p>What do you do or who would you talk to if you didn't feel safe?</p>		
H. Food / Shopping / Preferences		
<p>What do you like to eat?</p> <p>Who chooses the food that you eat?</p> <p>Who shops for the food?</p> <p>What do you do to help fix the food?</p> <p>Does anyone share your food?</p>		
I. Social Activities / Work		
<p>What kinds of things did you do for fun and relaxation?</p> <p>Are there activities you would like to do that you are not offered?</p> <p>Do you have a job?</p> <p>What does staff do to help you be successful at your job?</p>		

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J. Finances		
<p>Do you handle your own finances or does someone help you?</p> <p>How does staff help you to pay your bills and buy the things you want and need?</p> <p>Do you get spending money? If yes, how often and who gives it to you?</p> <p>Does anyone tell you how you can spend it?</p>		

Notes