

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

ATTACHMENT C



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 CLIENT INTERVIEW	TIME OF CLIENT INTERVIEW

Document client answers to the questions or declination to answer the questions on the right side of the box. Ask at least one question or a related question for Section A - J.

☐ Check here if the client is not capable of being interviewed. ☐ Check here if the client declined the entire interview.

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

The following are REQUIRED questions and MUST be asked during the interview. Check "Y," if the answer is yes; check "N," if answer is no and document the interviewee's response; or check "D," if the interviewee declined to answer the question; or check "N/A" if the question was not asked because it does not apply to that client (i.e., client does not have a roommate). The questions in this section were developed with CMS as part of a waiver and CANNOT be modified.

Y	N	D	N/A		Y	N	D	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you make choices about the care and services you receive here at the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose who visits you and when?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do they pay attention to what you have to say?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an opportunity to participate in community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose to lock your door?
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have access to food anytime?
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive services in the community?
					Notes:				

A. Overall Satisfaction and Responses to Concerns ☐ Declined to Answer

What do you like about living here?

B. Care and Service Needs ☐ Declined to Answer

Do you get the help that you need?

C. Support of Personal Relationships ☐ Declined to Answer

Do you have friends or relatives in the community that you visit with?

D. Restrictions ☐ Declined to Answer

Do you get to do things you want to do?

CCRSS PROVIDER NAME		CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)	
E. Respect of Individuality, Independence, Personal Choice, Dignity (meals, activities, money) <input type="checkbox"/> Declined to Answer		
Can you make your own choices?		
F. Environment <input type="checkbox"/> Declined to Answer		
Tell me about your room is decorated and did you help?		
G. Health and Safety <input type="checkbox"/> Declined to Answer		
Do you feel safe here?		
H. Food / Shopping / Preferences <input type="checkbox"/> Declined to Answer		
Do you have your own food? Are you happy with it?		
I. Social Activities / Work <input type="checkbox"/> Declined to Answer		
What kinds of things did you do for fun?		
J. Finances <input type="checkbox"/> Declined to Answer		
Do you get to spend some money the way you want?		
Notes		