

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 Family / Representative / Collateral Contact Interview

CLIENT NAME	CLIENT SAMPLE ID NUMBER	DATE OF INTERVIEW
CONTACT NAME AND NUMBER		RELATIONSHIP TO CLIENT
What kind of and assistance does (client) need?		
How does the agency provide the instruction, support and assistance (client) needs?		
Does the agency and staff provide the support in a positive manner, with dignity and respect, encouraging the client to do things for themselves, to learn and grow? Please describe.		
Keeping in mind the support and assistance provided by the staff, what areas could the agency and their staff improve upon?		
Do you have any concerns about the care of the client?		
Is there any service or assistance that you would like to see that is not currently offered?		