

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

ATTACHMENT D



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

CCRSS Certification Evaluation Client Finances Record Review

CLIENT NAME	CLIENT SAMPLE ID NUMBER
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Finances

- Does the provider manage client funds? Yes No
- IFP signed by client and legal representative? Yes No
- Are there staff that may assist? Yes No
- Is each type of client funds tracked separately? Yes No
- Are funds deposited timely? Yes No
- Prevented client account from being overdrawn? Yes No
- Any fees or late charges? Yes No
- Any provider loans? Yes No
- Any provider loans? Yes No
- Mismanaged / lost / stolen funds? Yes No
- Property record? Yes No

Reconcile the client's home cash account ledger to the actual amount of cash on hand:

	Checking			Cash			EBT			Gift Card		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Ledger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciled / verified monthly (two different staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts over \$25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|----------------------------------------------------------|-----------------------------------------------------------|
| WACs: 388-101-3020 (Compliance) | 388-101D-0255 (Reconciling and verifying client accounts) |
| 388-101D-0235 (Shared expenses and client related funds) | 388-101D-0270 (Client financial records) |
| 388-101D-0240(1,6,9) (Individual financial plan) | 388-101D-0285 (Client reimbursement) |
| 388-101D-0245(8) (Managing client funds) | 388-101D-0390 (Client's property record) |

Notes