

CCRSS PROVIDER NAME		CERTIFICATION NUMBER <b>2011-</b>
DATE COMPLETED	CERTIFICATION EVALUATION DATE(S)	



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

Attachment M

## CCRSS Client Characteristics

**Please return to:** [RCSCCRSSemail@dshs.wa.gov](mailto:RCSCCRSSemail@dshs.wa.gov). Changes to the Provider Information or Administrator should be submitted via form [DSHS 10-604](#).

Adaptive Equipment: Wheelchair / Walker / Eating Utensils / Communication Device  
Crisis Diversion Support Services: Crisis diversion that is provided in the client's own home.  
Crisis Diversion Bed Services: Crisis Diversion provided in a residence maintained by the service provider.

Program Name:	Level 5 and above (5+)	Legal guardian (G)	Vocational Program (VP)	Adaptive Equipment (AE)	New last six months (New)	Nurse Delegation (ND)	Non-verbal (NV)	Psychoactive Medications (Meds)	Behavior Support Plan (PBSP)	Restrictive Procedures (Res)	Com. Protection (CP)	Works for Provider (Work)	Provider helps with finances (\$)	Live in group home or GTH (Group)	Crisis Diversion Bed Svs (CDBS)	Crisis Diversion Support Svs (CDSS)
Program Address:																
Alternate or Local Office Address:																
Program Telephone:																
Program Fax:																
Program Administrator:																
Administrator's Cell Phone:																
Total Number of Clients for this Certification:																

  

Address:	5+	G	VP	AE	New	ND	NV	Meds	PBSP	Res	CP	Work	\$	Group	CDBS	CDSS
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Manager:																
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