| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | |
| Text  Description automatically generated | ATTACHMENT J  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Notes** | | | |
| CLIENT(S) | | | STAFF | |
|  | | | | |