| CCRSS PROVIDER NAME | | | | | | | | | | CERTIFICATION NUMBER | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | | | | CERTIFICATION EVALUATION DATE(S) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | ATTACHMENT D  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Certification Evaluation Client Finances Record Review** | | | | | | | | | | | | | | | |
| CLIENT NAME | | | | | | | | | | CLIENT SAMPLE ID NUMBER | | | | | | |
| **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 | |  |  |  |  | |  | |  | |  |  |  |  |  |  |
| Reconciled / verified monthly (two different staff) | |  |  |  |  | |  | |  | |  |  |  |  |  |  |
| Receipts over $25 | |  |  |  |  | |  | |  | |  |  |  |  |  |  |
| Running balance | |  |  |  |  | |  | |  | |  |  |  |  |  |  |
| **WACs:** 388-101-3020 (Compliance)  388-101D-0235 (Shared expenses and client related funds)  388-101D-0240(1,6,9) (Individual financial plan)  388-101D-0245(8) (Managing client funds) | | | | | | | | 388-101D-0255 (Reconciling and verifying client accounts)  388-101D-0270 (Client financial records)  388-101D-0285 (Client reimbursement)  388-101D-0390 (Client’s property record) | | | | | | | | |
| **Notes** | | | | | | | | | | | | | | | | |
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