| 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 SERVICESCERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Certification Evaluation Client Finances Record Review** |
| CLIENT NAME | CLIENT SAMPLE ID NUMBER | DATE OF RECORDS REVIEW |
| **Finances** |
| Does the provider manage client funds? [ ]  Yes [ ]  No Signed IFP? [ ]  Yes [ ]  No Guardian / Client approved? [ ]  Yes [ ]  No Client finances contact / title:  |
| Are there staff that may assist? [ ]  Yes [ ]  No  |
| Are there shared expenses? [ ]  Yes [ ]  No  |
| Any fees or late charges? [ ]  Yes [ ]  No  |
| Any provider loans? [ ]  Yes [ ]  No  |
| Mismanaged / lost / stolen funds? [ ]  Yes [ ]  No  |
| Property record? [ ]  Yes [ ]  No  |
|  **Checking Cash / Gift Cards EBT Other** |
|  | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |  |
| Ledger | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Reconciled / verified | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 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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