| CCRSS PROVIDER NAME | | | | | | | | | | | | | | CERTIFICATION NUMBER  **2011-** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE COMPLETED | | | CERTIFICATION EVALUATION DATE(S) | | | | | | | | | | | | | | | | | | |
| Text  Description automatically generated | | AGING AND LONG-TERM SUPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES (RCS)  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Client Characteristics** | | | | | | | | | | | | | | | | Attachment M | | | |
| **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](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=10-604&title=). | | | | | | | | | | | | | | | | | | | | | |
| 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 |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | | CP | Work | $ | | Group | CDBS | CDSS |
| Telephone: | | |
| Manager: | | |
| Client Name(s): | | |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |