| CCRSS PROVIDER NAME | CERTIFICATION NUMBER**2011-** |
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| 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. 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 DeviceCrisis 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:  |
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| Telephone:  |
| Manager:  |
| Client Name(s): |
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