CCRSS PROVIDER NAME	CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)

ATTACHMENT D

Washington State Department of Social & Health Services
Transforming lives

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	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