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| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| RCS CONTRACTED EVALUATOR / STAFF NAME | 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 N |
| 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 Office Address:  |
| Program Telephone:  |
| Program Fax:  |
| Program Administrator:  |
| After Hours Number:  |
| Total Number of Clients in Program:  |
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|  | Address:  | 5+ | G | VP | AE | New | ND | NV | Meds | PBSP | Res | CP | Work | $ | Group | CDBS | CDSS |
| Telephone:  |
| Manager:  |
| Client Name(s): |
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