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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 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 Office Address: | | |
| Program Telephone: | | |
| Program Fax: | | |
| Program Administrator: | | |
| After Hours Number: | | |
| Total Number of Clients in Program: | | |
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