



**Training Area: Residential Services**

**Employee Name:**

**Date of Completion:**

**Time Spent:**

**Quiz: (To Be Completed by Employee)**

Who pays for Room and Board in the CCS model?

Are residential services billed by the unit or by the day?

What is the role of the service facilitator in the rate setting process for residential services?

**Questions for Supervisor:**

- 1.
- 2.
- 3.

If no questions, then state N/A on this form.

If questions noted, please review with Supervisor and have Supervisor sign this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature (required when questions)

\_\_\_\_\_  
Date



