

**Notice of Presumed Eligible Status  
COVID-19 Policy  
for Community Developmental  
Disabilities Program**

To:

Date of notice:    /    /
Individual's name:
Individual's D.O.B.:    /    /

Effective {enter effective date}, you have been found to {choose one} for Developmental Disability Services. A review of the available records supports your eligibility because it was determined that you have a condition of {enter condition of eligibility} that originated in the developmental years, is likely to continue and significantly impacts your adaptive behavior as defined in OAR 411-320-0020 and 411-320-0080, and meets our COVID-19 policy (APD-PT-02-025).

**COVID-19 Emergency Policy - Presumed eligibility for developmental disability services**

Your eligibility is “Presumed”, but does not fully meet OAR 411-320-0080. This means your eligibility must be reviewed again within 12 months, new information or testing may be needed. You will be notified when the redetermination process begins.

Your eligibility must be reviewed before    /    /

We have enclosed a list of records used in making this determination. You have the right to review this information by making a request to our office.

If you do not agree with this decision, you have the right to request a contested case hearing. Be sure to read page 2 of this notice to learn how to request a hearing.

The determination is based on the following Oregon Administrative Rule(s) including specific subsections: OAR 943-001-0020(3); 410-120-0006; 411-320-0080(2) and APD-PT-02-025.

For questions regarding this notice, contact: {insert name}, {choose one} at phone number: 000-000-0000.

The {choose one} you is {enter name} and can be reached at: 000-000-0000.

*The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS\OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation. You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.*

Name: \_\_\_\_\_

Date of birth: / / \_\_\_\_\_

*To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:*

*Governor's Advocacy Office, 500 Summer Street NE, E-17, Salem, OR 97301*

*Fax: 503-378-6532, email: [DHS.info@state.or.us](mailto:DHS.info@state.or.us) "Equal opportunity is the law!"*

*NOTE TO MILITARY PERSONNEL: Active duty service members have a right to stay these proceedings under the federal service members Civil Relief Act. For more information, you may contact the Oregon State Bar (1-800-452-8260), the Oregon Military Department (1-800-452-7500) or the nearest legal assistance office at [legalassistance.law.af.mil](mailto:legalassistance.law.af.mil). (SB125)*

### **What you can do when you do not agree with this decision:**

- You have the right to challenge this decision by requesting a contested case hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS). If you want a hearing, you must request it on time. For more information, see Part 1 below.
- You can also request to have an informal meeting by contacting {insert name} at 000-000-0000. Choosing to have the informal meeting will not affect your right to a hearing if you request one.

### **Part 1 — Ask for a hearing**

**What must I do to get a hearing?** You must fill out a Hearing Request Form (SDS 0443DD) and send it to: Aging and People with Disabilities, ODDS, Attn: DD Executive Support Specialist, 500 Summer St., E-09, Salem OR 97301 or fax to 503-373-7274. You can request this form by contacting, {insert name}, 000-000-0000 or visit <https://apps.state.or.us/Forms/Served/se0443dd.doc>. If you need help filling out this form, contact {insert name} at 000-000-0000. The ODDS DD Executive Support Specialist must receive your request for a hearing within 45 days from the Date of Notice printed on the upper right corner on page 1 of this notice.

**Who can help with my hearing?** You may request that someone represent you at a hearing. You may also be able to get free legal services from Disability Rights Oregon (1-800-452-1694), Legal Aid Services of Oregon (1-800-520-5292) or the Oregon State Bar (1-800-452-8260)

**What are my other hearing rights?** Oregon Administrative Rules 411-320-0080 and 411-320-0175, give you the right to ask for a hearing if you do not agree with this decision. At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are OAR 137-003-0501 through 137-003-0700 and ORS 183.411

**What happens if there is no hearing?** If you do not ask for a hearing on time, withdraw a hearing request, or do not appear at your hearing, you may lose your right to a hearing. If there is no hearing, this Notice of Eligibility Determination will be the final department decision (*called a "Final Order by Default"*). You will not get a



Name:

Date of birth: / /

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You have the right to review this information by making a request to your local Community Developmental Disabilities Program office or for questions regarding this notice, contact: {insert name}, {choose one} at 000-000-0000.