

# Action Request Transmittal Developmental Disabilities Services



Lilia Teninty

**Authorized signature**

**Number:**  
**Issue date:**

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Developmental Disability Child Placement Agreement Form

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS)  |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services  |
| <input checked="" type="checkbox"/> County DD program managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)   |
| <input type="checkbox"/> Support Service Brokerage Directors             | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): CDDP Service Coordinators, CDDP Staff, Residential Specialists |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |   |
| <input checked="" type="checkbox"/> Child Welfare Programs               |   |

**Action required:** CDDPs and Res Specialist use Developmental Disability Child Placement Agreement Form (DHS 0032) when a family requests voluntary placement in residential settings including foster care, Host Homes and 24 Hour Residential. Effective 9/27/21, CDDPs or Res Specialists will submit the updated form that includes Host Homes when an individual enters voluntary residential placement. Prior versions of DHS 0032 should be discarded.

**Reason for action:** The Developmental Disabilities Child Placement Agreement was updated to include Host Homes.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

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