

# Action Request Transmittal Developmental Disabilities Services



**Authorized signature**

**Number:** DD-AR-21-085  
**Issue date:** 9/27/2021

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** ODDS Notification Form for Children Entering Host Homes

**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, Residential Specialists |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |   |
| <input type="checkbox"/> Child Welfare Programs                          |   |

**Action required:** CDDPs will use [ODDS Notification Form for Children Entering Host Homes \(DHS 3747\)](#) when a child is moving into Host Homes. CDDPs will submit the form via a secure email to [Host.Homes@dhsosha.state.or.us](mailto:Host.Homes@dhsosha.state.or.us) and [5517.inbox@dhsosha.state.or.us](mailto:5517.inbox@dhsosha.state.or.us).

**Reason for action:** Host Homes is a new residential service and [ODDS Notification Form for Children Entering Host Homes \(DHS 3747\)](#) is a required document for Host Home enrollment.

**Communication/training:** This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here: [Join Microsoft Teams Meeting](#), or you can call 971-277-2343 using conference ID: 468 508 153# to hear only the audio portion of the meeting. Please send questions in advance to [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us).

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** E&I webpage

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

Contact(s): Lisa Catherwood, Host Home Coordinator	
Phone: 971-283-0981	Fax:
Email: <a href="mailto:Lisa.M.Catherwood@dhsosha.state.or.us">Lisa.M.Catherwood@dhsosha.state.or.us</a>	