

# Action Request Transmittal Developmental Disabilities Services



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**Number:** DD-AR-21-086  
**Issue date:** 9/27/2021

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** ODDS Host Homes Update Reporting 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, Residential Specialists |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |   |
| <input type="checkbox"/> Child Welfare Programs                          |   |

**Action required:** CDDPs will use [ODDS Host Homes Update Reporting Form \(DHS 3746\)](#) when reporting changes to the child's current Host Home placement. CDDPs will submit the form via a secure email to [Host.Homes@dhsoha.state.or.us](mailto:Host.Homes@dhsoha.state.or.us) and [5517.inbox@dhsoha.state.or.us](mailto:5517.inbox@dhsoha.state.or.us).

**Reason for action:** The [ODDS Host Homes Update Reporting Form \(DHS 3746\)](#) is a required document for Host Home changes.

**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@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.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:*

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