

Mary Lee Fay
Authorized Signature

Number: SPD-AR-11-071
Issue Date: 9/21/2011

Topic: Developmental Disabilities

Due Date: 10/1/2011

Subject: DD Intake Application

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 | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input type="checkbox"/> | Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> | County DD Program Managers | <input checked="" type="checkbox"/> | Other (please specify): DD eligibility specialists |

Action Required: The Developmental Disability (DD) Intake Application has been modified to accurately capture information specific to the intake process and eligibility determination. The DD Intake Application is form SE0552.

Effective October 1, 2011 the Developmental Disability (DD) Intake Application (form SE0552) must be used for all applicants applying for DD services. Should the previous Application or Referral for Developmental Disability Services (form 2230) be submitted after October 1, 2011 it can be accepted through the end of the calendar year (December 31, 2011).

Should a person be closed out of DD services and reapply within 12 months of the closure date and continue to meet all application requirements, they will not need to complete the SE0552 form. In these instances, the initial application (form 2230) may be reviewed and updated. Should a new application be required, then SE0552 shall be completed.

The Application or Referral for Developmental Disability Services (form 2230) will remain available for all purposes OTHER than the intake and eligibility process for new applicants who are applying for DD services.

Revised forms can be found on the DHS forms website:
<https://apps.state.or.us/cf1/FORMS/>

Reason for Action: To accurately capture information specific to the intake and eligibility determination process.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

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