Lilia Teninty

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Number: APD-AR-17-003
Issue date: 1/20/2017

Topic: Developmental Disabilities

Subject: New Form 539D

Applies to (check all that apply):

- [ ] All DHS employees
- [ ] Area Agencies on Aging
- [ ] Aging and People with Disabilities
- [ ] Self Sufficiency Programs
- [x] County DD Program Managers
- [x] ODDS Children’s Residential Services
- [ ] Child Welfare Programs
- [ ] County Mental Health Directors
- [ ] Health Services
- [ ] Office of Developmental Disabilities Services (ODDS)
- [ ] ODDS Children’s Intensive In Home Services
- [ ] Stabilization and Crisis Unit (SACU)
- [ ] Other (please specify):

Action required: Use this revised version of form 539D for the OSIPM process through CMEU.

Reason for action: The revised form contains the updated information needed for the application process

Field/stakeholder review:  
- [ ] Yes  
- [x] No

If yes, reviewed by:

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

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