

Mary Lee Fay  
**Authorized Signature**

**Number:** SPD-IM-12-030  
**Issue Date:** 5/24/2012

**CORRECTED**

**Topic:** Forms

**Subject:** DD Foster Care Forms - Update

**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): ODDS County Relations Unit, CDDP licensors and certifiers, DHS DD Licensing |

**Message:**

The Office of Developmental Disabilities Services and DD Licensing Unit have now posted the attached foster care "Referral for Corrective Action" (SDS 0517 afh-dd) on the DHS forms website for licensors and certifiers. The form is intended for both adult and child foster care programs.

The form can be located at the DHS forms website:

<https://apps.state.or.us/cf1/FORMS/>

To access SDS 0517 afh-dd, enter the form number in the first field on the forms search page.

The form is available in word and pdf format.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Shelly Reed		
<b>Phone:</b>	503-945-5828	<b>Fax:</b>	503-945-7811
<b>E-mail:</b>	<a href="mailto:Shelly.M.Reed@state.or.us">Shelly.M.Reed@state.or.us</a>		

**Attention: Corrective Action**

**Mail:** DD Licensing Unit, 500 Summer St., NE, E-05, Salem OR 97301

**Fax:** 1-503-945-7811

Date: \_\_\_\_\_

Licensor of certifier: \_\_\_\_\_ County: \_\_\_\_\_

Type of foster home:  Child  Adult

AFH classification:  Limited  L1  2M  2B

Provider name: \_\_\_\_\_ Provider number: \_\_\_\_\_

Address of foster home: \_\_\_\_\_

Capacity: \_\_\_\_\_ Current number of residents: \_\_\_\_\_

Initial license date: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Describe the situation and issues resulting in referral for action:

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Describe the actions already taken to address the concerns, include timelines:

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Check the supporting documentation provided with this request.

*(Documentation is required for consideration of any corrective action. For ongoing violations or long term provider concerns the documentation must adequately reflect the provider's history and the CDDP's response to the provider issues.)*

- Case notes regarding action taken, discussions, attempts to contact etc.
- Notice of Violations
- Provider's statement of correction for violations received
- Written correspondence to the provider (*warning letters, etc.*)
- Email correspondence
- Other supporting documentation

Describe: