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:

Contact(s): Shelly Reed
Phone: 503-945-5828  Fax: 503-945-7811  E-mail: Shelly.M.Reed@state.or.us
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:

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

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: