|  |  |
| --- | --- |
| Date: |  |
| Individual’s name: | Date of birth: |
| Individual’s address: | |
| Representative’s name (optional): | |
| Contact phone number: | Contact email address (optional): |
| CDDP or brokerage: |  |
| Service coordinator or  personal agent’s name: |  |
| Describe your request (attach additional pages and documents if needed): | |

Email your completed form to [odds.fundingreview@odhaoha.oregon.gov](mailto:odds.fundingreview@odhaoha.oregon.gov) or mail it to: O**DHS-ODDS**

**Attn:** Exceptions Coordinator

500 Summer St. NE #E09

Salem, OR 97301