



Oregon

Tina Kotek, Governor

Department of Human Services

Office of Developmental Disabilities Services

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This form is for gathering information during the exceptions process. It is not a substitute for the In-Home Smartsheet Exception Request Form. Please submit your exception request using the Smartsheet form, as ODDS will not accept this form as an official request.



Staffing Ratio Exception Request

Name		Prime Number	
Date of Birth		ONA Service Group	
Legal Guardian		Exception Type	

SC/PA Name		SC/PA Email	
SC/PA Supervisor		CME	

Does the ONA accurately reflect support needs?		Why Not?	
Children's Support Needs			

Assessment		Start Date		End Date	
Approved 2:1		Approved 3:1		Approved 4:1	
Requested 2:1		Requested 3:1		Requested 4:1	
Urgent Request?					

Local approval criteria met?	
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Behavior Support Needs				
Is a PBSP implemented?		Does the PBSP include Safeguarding Interventions?		
Why doesn't the person have a PBSP?				
Challenging behavior present in the last year				
Other Challenging Behavior				
Describe how this need for increased staffing to support the identified above behavior(s) presents for this person				
Occurrences per week		Hours per day it takes to support this need		
Requested 2:1		Requested 3:1		Requested 4:1

Medical Support Needs				
Is there a Nursing Care plan?		Why not?		
Treatments/Therapies				
Other Treatments/Therapies				
Describe the medical need, that requires increased staffing				
Occurrences per week		Hours per day it takes to support this need		
Requested 2:1		Requested 3:1		Requested 4:1

Intensive Focus				
Need for intensive focus related to behavior?		Challenging behavior(s)		
Describe the OTHER challenging behavior				
Describe the health and safety need that requires intensive focus supports				
Why does the person's challenging behavior require the caregiver to continuously attend to the individual?				
Occurrences per week		Hours per day it takes to support this need		
Requested 2:1		Requested 3:1		Requested 4:1

ADL Support Needs				
ADL Support Needs				
Other ADL Support Needs				
Describe how the need for increased staffing to support the identified ADL support needs presents for this person				
Occurrences per week		Hours per day it takes to support this need		
Requested 2:1		Requested 3:1	Requested 4:1	

Exception Submission			
Attached Support Documents			
Case Management Entity Recommendation			
Person submitting request		Submission Date	