

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number:** APD-AR-20-046

**Issue date:** 4/3/2020

**Topic:** Long Term Care

**Due date:**

**Subject:** Specific Needs Contract Admission Request Form

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Action required:** Effective immediately, please use the revised Specific Needs Contract Admission Request Form [SDS 0494 03/2020]. The revised form and instructions are available on the Forms Server and at [Specific Needs Contract Staff Tools](#). The form has a link to the instructions and the instructions have a link to the form. The new format is fillable to facilitate an electronic submission only to [APD.Admissions@dhsoha.state.or.us](mailto:APD.Admissions@dhsoha.state.or.us).

**Reason for action:** Increase specific needs contract processing efficiencies.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

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