

# Information Memorandum Transmittal Aging and People with Disabilities



Angela Munkers

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**Number: APD-IM-20-091**

**Issue date: 8/14/2020**

**Topic:** Other

**Due date:**

**Subject:** Updated Hearings Unit Contact Information

**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 checked="" 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                        |  |

**Message:**

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