

# Information Memorandum Transmittal Aging and People with Disabilities



Jenny Cokeley

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**Number:** APD-IM-22-092

**Issue date:** 9/22/2022

**Topic:** Provider Information

**Due date:**

**Subject:** Name Change Residential Care Facility

**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                        |   |

**Message:**

Name Change Residential Care Facility	
<b>Previous Provider Name</b>	<b>Location</b>
Hope N Care	Portland
<b>Provider Number</b>	
524482	
<b>New Provider Name</b>	<b>Effective</b>
IHome Care	9/13/2022

*If you have any questions about this information, contact:*

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