

# Information Memorandum Transmittal Developmental Disabilities Services



**UPDATED**

Anna Lansky

**Authorized signature**

**Number: DD-IM-23-024**

**Issue date: 01/18/2024**

**Topic: Developmental Disabilities**

**Due date: Immediate**

**Subject: DocuSign**

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

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

**Message:**

As of 05/11/2023, the Office of Developmental Disabilities Services (ODDS) has made four ODDS forms available to case managers to gather signatures using DocuSign. These ODDS forms are the Individual Support Plan, the Individual Support Plan Change form, Notification of Rights, Freedom of Choice an ISP Services Agreements. **This update adds the Release of Information's (ROI) Powerform links.** Below are the DocuSign Powerform links for each of these documents:

**Individual Support Plan (Individual/Legal Guardian only)**  
**[Individual Support Plan \(Individual/Legal Guardian only\)](#)**

**Individual Support Plan (Support Providers only)**  
**[Individual Support Plan \(Support Providers only\)](#)**

**ISP Change Form**  
**[Individual Support Plan Change Form](#)**

**Notification of Rights**  
**[Notification of Rights](#)**

**Freedom of Choice**  
**[Freedom of Choice](#)**

**Individual Support Plan (ISP) Services Agreements**

**[ISP Services Agreement \(Agency\)](#)**  
**[ISP Services Agreement \(PSW\)](#)**

**Release of Information**  
**[Release of Information \(Legal Representative and Individual\)](#)**  
**[Release of Information \(Individual Only\)](#)**

ODDS continues to work with DocuSign to make additional ODDS forms available. As additional forms become available, a notification will be sent out.

**Training/communication plan:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 p.m. using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov) at least three business days prior to the meeting.

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

Contact(s): Kristina DiMatteo	
Phone:	Fax:
Email: <a href="mailto:ODDS.DocuSign@odhsoha.oregon.gov">ODDS.DocuSign@odhsoha.oregon.gov</a>	

