|  |  |
| --- | --- |
| Date:      |  |
| Individual’s name:      | Date of birth:      |
| Individual’s address:           |
| Representative’s name (optional):      |
| Contact phone number:      | Contact email address (optional):      |
| CDDP or brokerage: |  |
| Service coordinator or personal agent’s name: |       |
| Describe your request (attach additional pages and documents if needed): |

Email your completed form to odds.fundingreview@odhaoha.oregon.gov or mail it to: O**DHS-ODDS**

**Attn:** Exceptions Coordinator

500 Summer St. NE #E09

Salem, OR 97301