

Lois A. Day, Administrator

Authorized Signature

Number: CW-IM-10-005

Issue Date: 02/12/10

Topic: Foster Care

New CF85 Form to be used when making a referral for Behavior

Subject: Rehabilitation Services

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 | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Child Welfare |

Message: The [CF85 form](#) has been modified and no longer requires Caseworkers to complete the referral packet information or fax the form to the MHO and Alondra Rogers at AMH.

EFFECTIVE 03/01/2010 BRS programs will no longer accept the old CF85P form.

If you have any questions about this information, contact:

Contact(s):	Gabiella D'Eliso or Lynn Matthews		
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