

Catherine Cooper  
Authorized Signature

**Number:** SPD-AR-04-037  
**Issue Date:** 07/20/04

**Topic:** Other

**Due Date:** 08/27/2004

**Subject:** DSAC Manual Distribution

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> All DHS employees      | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families     | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers        | <input type="checkbox"/> Other (please specify):                         |

**Action Required:** Please provide the Advocacy Support team the following information:

- Number of individuals on the local DSAC;
- Any special accommodations needed by any member for written materials (e.g, Braille, disks, cd-rom etc); and
- The name of the appropriate staff person to disseminate the DSAC manuals locally.

Please send the information to:  
Sherry Whitehead, Advocacy Support [sherry.l.whitehead@state.or.us](mailto:sherry.l.whitehead@state.or.us)

**Reason for Action:** The Advocacy Support Team will be sending out revised DSAC manuals to all DSACs through the local staff.

**Field/Stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Jane-ellen Weidnaz		
<b>Phone:</b>	503-945-6444	<b>Fax:</b>	503-373-7823
<b>E-mail:</b>	<a href="mailto:janeellen.a.weidanz@state.or.us">janeellen.a.weidanz@state.or.us</a>		