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Action Request Transmittal

James Toews
Authorized Signature

Number: SPD-AR-05-051
Issue Date: 07/29/05

Topic: Other

Due Date: 08/31/2005

Subject: ELECTRONIC COPY OF AAA AREA PLAN

Applies to (check all that apply):

- All DHS employees
Area Agencies on Aging
Children, Adults and Families
County DD Program Managers
County Mental Health Directors
Health Services
Seniors and People with Disabilities
Other (please specify):

Action Required:

Please submit your 2003-2007 Area Plan, including applicable amendments in electronic format (CD or diskette) by end of business day, August 31, 2005 to:

Rhonda Buedefeldt
DHS, Seniors & People with Disabilities
Home & Community Supports, State Unit on Aging
500 Summer Street NE, Mailstop #E10
Salem OR 97301-1076

Reason for Action:

To assist the Administration on Aging (AoA) in responding to Congressional and other inquiries related to the oversight of area agencies and their planning processes, the State of Oregon will be required, upon request, to submit copies of Area Plans to the Administration on Aging.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

Table with contact information: Contact(s), Phone, Fax, E-mail.