

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-10-047  
**Issue Date:** 6/4/2010

**Topic:** Developmental Disabilities

**Due Date:** Immediately

**Subject:** Child Annual Plan/Family Support Plan (0-17)

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

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input checked="" 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 checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): SPD Regional Coordinators and Community Relations staff; CDDP Services Coordinators; Regional Crisis Coordinators |

**Action Required:** Immediate use of Child Annual Plan/Family Support Plan (0-17)

**Reason for Action:** The revised Child Annual Plan/Family Support Plan (0-17) is now available through the DHS Forms website. The form number is 4549. Please begin using this new plan format as annual plans become due for children age 0-17 years. Translated forms will soon be available in Spanish and Russian.

**Field/Stakeholder review:**  Yes  No

**If yes, reviewed by:** Family support specialists; managers and Services Coordinators from several CDDP offices; Regional Coordinator and specialist staff from the Office of Developmental Disability Services

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

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