

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-057
Issue Date: 6/25/2010

Topic: Other

Due Date: 6/29/2010

Subject: Oregon Project Independence

Applies to (check all that apply):

- | | |
|--|---|
| <input 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 type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required: Send the SPD form 148 for the months of May (actual), June (estimate) and July (estimate) 2010 to Brenda Stuiivenga, DHS Accounting, via email to Brenda.S.Stuiivenga@state.or.us . by noon on Tuesday, June 29, 2010.

Reason for Action: This Action Request will provide needed information to calculate a revised OPI allocation for each AAA to achieve the Governor's mandated budget reduction.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Elaine Young		
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E-mail:	Elaine.Young@state.or.us		