

**Aging and People with Disabilities**

Sarah D. Hout, State Unit on Aging Manager  
**Authorized signature**

**Number:** APD-AR-15-012  
**Issue date:** 3/17/2015

**Topic:** Other

**Due date:** Effective  
Immediately

**Subject:** NAPIS AND NATIONAL CAREGIVER SUPPORT PROGRAM  
REGISTRATION FORM

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

- |   |  |
|---|--|
| <input type="checkbox"/> All DHS employees                        | <input type="checkbox"/> County Mental Health Directors                      |
| <input checked="" type="checkbox"/> <b>Area Agencies on Aging</b> | <input type="checkbox"/> Health Services                                     |
| <input type="checkbox"/> Aging and People with Disabilities       | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                | <input type="checkbox"/> ODDS Children's Intensive In Home Services          |
| <input type="checkbox"/> County DD Program Managers               | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                |
| <input type="checkbox"/> ODDS Children's Residential Services     | <input type="checkbox"/> Other (please specify):                             |
| <input type="checkbox"/> Child Welfare Programs                   |  |

**Action required:** Effective immediately, begin use of the updated NAPIS registration form [NAPIS Registration Form](#) and the updated Family Caregiver Support Program registration form [FCSP Intake Form](#) . Both forms are located on the SUA webpage titled Area Agency on Aging Business (<http://www.oregon.gov/dhs/spwpd/pages/sua/info-aaa.aspx>)

**Reason for action:** Annual Update of the HHS Poverty Guidelines as released in Federal Register Volume 80, Number 14; dated Thursday, January 22, 2015

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

<b>Contact(s):</b>	Rhonda Buedefeldt NAPIS Registration Form – 503.945.6029 Jan Karlen – Family Caregiver Registration Form – 503-630-4605 x231		
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