

Ashley Carson Cottingham

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Number: APD-AR-16-071
Issue date: 10/10/2016
Topic: Licensing

Due date: 10/20/2016
Subject: Classification of Adult Foster homes

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 checked="" 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: Please submit a complete list of all Adult Foster Homes for which your office has responsibility along with the classification of those homes. You may submit this information in any format to Connie Rush at connie.l.rush@state.or.us.

Reason for action: The Secretary of State has begun to scope a new audit within APD and have requested this information for that process.

Field/stakeholder review: Yes No

If yes, reviewed by: OPS Committee

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

Contact(s):	Connie Rush, Project Manager		
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Email:	connie.l.rush@state.or.us		