



DEPARTMENT OF HUMAN SERVICES
SENIOR & DISABLED SERVICES DIVISION
500 Summer Street NE
Salem, Oregon 97310-1015
Phone: (503) 945-5811

AUTHORIZED BY: _____

SDSD Administrator/Deputy/
Assistant Administrator

INFORMATION MEMORANDUM

SDSD-IM-00-74

Date: July 20, 2000

TO: SDSD District and Unit Managers
AAA Directors

SUBJECT: PAS (Pre-Admission Screening) Intensive Training
September 20, 2000

INFORMATION: Attached is the agenda and registration form for the PAS Intensive Training sponsored by O4AD on September 20, 2000, at the Red Lion Hotel, Salem.

The training is primarily designed for staff with PAS and other responsibilities related to the agenda, and their Supervisors/Managers, AAA Directors and MSO/DSO Managers.

REGISTRATION/PAYMENT: SDSD will pay the registration fee of \$50.00 for any of the above listed staff except Type B Transfer and those AAA's not involved in the PAS process. Payment extends to Central Office staff who have responsibilities related to the agenda. Registration for the staff covered by the IM should be mailed or faxed (503-373-7902) to Lucille Pugh. Registration must be received by September 4, 2000, in order to avoid a late registration fee.

Questions about the content of this training event may be addressed to Kathi Kyes, SDSD, (503) 945-6373 or Vickie Haus, O4AD (503) 463-8692.

CONTACT PERSON: Lucille Pugh

CONTACT NUMBER: (503) 945-5834

FAX NUMBER: (503) 373-7902

cc: Lucille Pugh
Jacqueline Zimmer
Vickie Haus
Kathi Kyes

**O4AD PAS Intensive Training
Registraion**

September 20, 2000

Red Lion Hotel, Salem

Market St and Hawthorne

8:00 a.m. - 4:15 p.m.

Objective: to discuss PAS issues with co-workers and explore vendor exhibits. Agenda items include: the Flu, Chronic Obstructive Pulmonary Disease, Respiratory Therapy and Ventilators. The cost of the training is **\$50.00** and includes continental breakfast, lunch and mid-day refreshments. Registration begins at 8:00 a.m.

Late Registration Fee is \$10.00

*** Registration must be received by September 4, 2000 ***

*** REGISTRATION FORM ***

Please complete and mail or fax to: Lucille Pugh
SDSD Employee Development and Training
500 Summer St NE, E04
Salem, OR 97301-1073 Fax: 503-373-7902

(Please Print Clearly)

Name: _____

Agency Address: _____ City: _____

Email Address _____ **

Phone # _____

Agency Responsible for Payment: SDSD Payment \$50.00

* Please note any dietary restrictions or special needs: _____

Questions? Contact Jacqueline or Vickie at O4AD (503) 463-8692 or Kathi Kyes, SDSD (503) 945-6373

Red Lion Hotel 3301 Market St NE 1-800-248-6273
Queen \$53.00 + 6% tax / Two Beds \$70.00 + 6% tax
Make hotel reservations by Sept 6th to guarantee this rate.

For office use only: Date _____ Agency _____
