



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES SERVICES
500 Summer Street NE E02
Salem, Oregon 97301-1073
Phone: (503) 945-5811

AUTHORIZED BY: _____
**SPDS Assistant Director/
Deputy Assistant Director
Administrator**

INFORMATION MEMORANDUM
SPDS-IM-01-075
Date: August 27, 2001

TO: SPDS District and Unit Managers
Area Agency on Aging Directors

SUBJECT: Form SDS 0515 - Request for Adjustment in the Client Assessment and Planning System (CA/PS)

INFORMATION: After implementation of the new assessment system, errors or omissions in critical information (asterisked areas) for a previous month will not be able to be corrected by field staff. Form SDS 0515 will need to be completed and forwarded to Central Office for correction of the assessment for that time period. A copy of the new form is attached. A small supply of this form has been mailed to the branches who are already using the new assessment system and will be provided at future CA/PS training. The form is available to be ordered and is on the Internet.

Instruction for date adjustments for retroactive service payment or date or service level adjustment within a current month, as well as instructions on how to complete the SDS 0515, is in the tool box handout received at CA/PS training. This form is only for use to change critical information on a CA/PS assessment for prior months.

CONTACT: Kathi Kyes

E-MAIL: Kathi.KYES@state.or.us

TELEPHONE: 503.945.6373

FAX: 503.373.7902

Submitted by **4**

Worker name Phone number

Worker signature Date

Approved by **5**

Name

Manager signature Date

Routing instructions **6**

Submit for approval to:
SDSD Field Services Section
Human Services Building
500 Summer St NE E10
Salem OR 97301-1076
or fax to: 503.373.7902

Central Office Review **7**

Approved

Not approved

Reason

Name Title Date

Data Entry **8**

Completed by Date