



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Julia Huddleston
Signature

IM Number: SPD-IM-04-023

Date: 3/5/2004

Subject: Biennial Carryover

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County DD Program Managers |
| <input type="checkbox"/> Area Agencies on Aging | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Children Adults and Families | <input checked="" type="checkbox"/> Health Services |
| <input type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____ | |

Message: This notice is transmitted to inform Counties that the instructions and form the 2003-05 County Carryover Plan required under ORS 430.630, concerning funds accrued under ORS 430.695 (“Carryover”) within the county’s overall community mental health program, will be sent out for Counties to complete and return as an Action Request from DHS-SPD. The process for form completion will be similar to prior biennia. Counties will have 45 days to complete the Carryover form to be included within the body of the Action Request. Approximate due date (depending on release date of the AR) is April 30, 2004.

If you have any questions about this information, contact:

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