

Mary Lee Fay
Authorized Signature

Number: SPD-IM-04-087
Issue Date: 09/20/04

Topic: Developmental Disabilities

Subject: Application for Services

Applies to (check all that apply):

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

Message: A revised application form for developmental disability services has been completed and is now available. The new application form replaces the October 2001 version. The form (DHS 2230) is now on available on the forms web site located at <http://dhsforms.hr.state.or.us/forms/databases/FMPRO> The form has been translated into Spanish, Russian and Vietnamese. As stated in OAR 411-320-0070(3)(a)(C) a Community Developmental Disability Program may put the County logo or letter head on the form but the form content must be preserved.

If you have any questions about this information, contact:

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