

Seniors and People with Disabilities

Marylee Fay

Authorized Signature

Number: SPD-IM-05-098

Issue Date: 12/12/2005

Topic: Other

Subject: Biennial Carryover

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 checked="" 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 type="checkbox"/> Other (please specify): |

Message:

If you have any questions about this information, contact:

Contact(s):	Sara A. Singer		
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E-mail:	sara.singer@state.or.us		

This notice is transmitted to inform Counties that the instructions and form for the 2005-07 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 February 15, 2006.