DHS Oregon Department of Human Services

Seniors and People with Disabilities

Information Memorandum Transmittal

Debra McDermott
Authorized Signature

Number: **SPD-IM-06-031**
Issue Date: 03/31/2006

Topic: Other

Subject: Revised Fax template for SPD Hearing Requests.

Applies to (check all that apply):

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Seniors and People with Disabilities
- ☐ Other (please specify):

Message: Field Offices will use this revised fax template (**attached**) and fill in the appropriate information, when faxing a hearing request to the Hearings Coordinator at **(503) 945-6296**, SPD Field Services, Central Office. This form has been revised to include the sender's Field Office Name and Branch Number.

If you have any questions about this information, contact:

Contact(s):	Cheryl Gardner		
Phone:	(503) 947-5481	**Fax:**	(503) 945-6296
E-mail:	Cgardner1@dhs.state.or.us		

SENIORS AND PEOPLE WITH DISABILITIES
FIELD SERVICES, CENTRAL OFFICE
500 SUMMER STREET NE, E02
S A L E M , O R 9 7 3 0 1

HEARING REQUEST FAX TRANSMITTAL

TO: SPD FIELD SERVICES, CENTRAL OFFICE, HEARINGS COORDINATOR
FAX: 503-945-6296
PHONE: 503-947-5481
TOTAL NUMBER OF PAGES:

FROM:
LOCAL OFFICE NAME: **BRANCH NUMBER:**
LOCAL OFFICE CONTACT (CASE WORKER)
NAME:
EMAIL ADDRESS (if not in GroupWise):
PHONE NUMBER:

****

SUPERVISOR (for consultation)
NAME:
EMAIL ADDRESS (if not in GroupWise):
PHONE NUMBER:

****

PROGRAM MANAGER:
NAME:
EMAIL ADDRESS (if not in GroupWise):
PHONE NUMBER:

ATTACHED ARE: **HEARING REQUEST (443)**

NOTICE OF PLANNED ACTION OR OTHER NOTICE, AS APPROPRIATE

IF NOTICE OF PLANNED ACTION IS NOT ATTACHED, WAS THE NOTICE AUTO-GENERATED BY NOTICE WRITER? YES NO (please circle one)

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