

Seniors and People with Disabilities

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Authorized Signature

Number: SPD-IM-11-007
Issue Date: 1/19/2011

Topic: Licensing

Subject: Requests for Corrective Action in APD AFHs

Applies to (check all that apply):

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

Message:

This information applies to those who license adult foster homes for seniors and adults with physical disabilities, their supervisors and managers.

The request for corrective action template has been developed into form 517C and can be located on the forms server and through the following link:
http://dhsresources.hr.state.or.us/WORD_DOCS/SE0517C.doc

Previously when requesting corrective action you completed the template in its entirety and submitted it by email to the Adult Foster Home team in Central Office with all supporting documentation attached. That process remains the same. The only change was the template was updated and added to the forms server for your convenience.

If you have any questions about this information, contact:

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