

Developmental Disabilities Services

Lilia Teninty

Authorized signature

Number: APD-IM-15-025

Issue date: 4/2/2015

Topic: Developmental Disabilities

Subject: Change to request for assessment form (0744)

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees
<input type="checkbox"/> Area Agencies on Aging
<input type="checkbox"/> Aging and People with Disabilities
<input type="checkbox"/> Self Sufficiency Programs
<input checked="" type="checkbox"/> County DD Program Managers
<input type="checkbox"/> ODDS Children's Residential Services
<input type="checkbox"/> Child Welfare Programs | <input type="checkbox"/> County Mental Health Directors Health Services
<input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS)
<input type="checkbox"/> ODDS Children's Intensive In Home Services
<input type="checkbox"/> Stabilization and Crisis Unit (SACU)
<input checked="" type="checkbox"/> Other (<i>please specify</i>):
Brokerage Directors and Personal Agents, Service Coordinators, Regional Diversion Offices |
|--|---|

Message: With the intent of making it easier and more streamlined to request a desk-review of an assessment, the "Request for ReBAR Assessment" form (0744) has been updated to "Request for ReBAR Assessment or Assessment Review" form (0744). This form will continue to be used to request an assessment for individuals who are new to services, individuals in crisis and individuals who have a change in support needs. Now, it will also be used to request a desk review if the team thinks that the assessed rate was not sufficient or that the assessment didn't correctly capture the support needs.

To request a desk review, select "Desk Review" from the drop down menu in the "Type of Assessment Requested" field. The updated form is now available on the DHS forms page.

If you have any questions about this information, contact:

Contact(s):	Fred Jabin		
Phone:	503-945-6409	Fax:	503-945-5905
Email:	fred.c.jabin@state.or.us		

Request for ReBAR Assessment or Assessment Review



**Note: All fields must be accurately completed.
Incomplete requests may delay assignment of assessment for scheduling.**

Date DHS 0744 submitted to ReBAR: / /		Individual needing assessment:	
Prime number:	Date of birth: / /	Gender: (Select one)	
Individual's current services: (Select one)			
If other, please specify:			
Individual's current residential address:			
City:	State:	ZIP:	Phone:
Individual's current residential provider (if any):			Phone:
Name of guardian/parent:			Phone:
Reason for reassessment: (Select one)			
If other, please specify:			
Type of assessment requested: (Select one)		If other, please specify:	
Which type of assessment has been completed for the individual?			
<input type="checkbox"/> SIS	Date: / /	<input type="checkbox"/> SNAP	Date: / /
<input type="checkbox"/> CNA	Date: / /	<input type="checkbox"/> ANA	Date: / /
Who initiated the request for a new assessment or assessment review? (Select one)			
If other, please specify:			
Who submitted the request for a new assessment or assessment review? (Select one)			
If other, please specify:			
Has the change in support need been present for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the change in support need expected to be long term? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CDDP/State services coordinator:		Phone:	CDDP/County:
Brokerage services personal agent:		Phone:	Brokerage/County:
Notes: Please briefly list changes in support needs or describe issues or assessment items to be reviewed.			