

Reset Form

Request date: _____

New request Renewal

Demographic information

1. Individual's name: _____

2. Individual is: Adult Child

3. Prime number:

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4. Date of birth: _____

5. Individual's mailing address: _____

6. Phone number: _____

City: _____ State: OR ZIP code: _____

7. Name of legal guardian or parent, if individual is a minor child (if applicable): _____

8. Email address for individual and/or legal guardian (if applicable):

9. CME agency name: _____

10. SC/PA name: _____ 11. SC/PA phone number: _____

12. SC/PA email: _____

13. SC/PA supervisor name: _____ 14. Supervisor phone number: _____

15. Supervisor email: _____

16. Are there any current legal orders that apply to the individual? (Check all that apply) No

Parole/Probation Guardianship JPSRB/PSRB ORS 426/427 commitment

Other (specify): _____

17. Does the individual (or guardian or representative) require language access support? No

Interpretation: Sign language or Other language (specify language): _____

Translation: Language (specify): _____

Modified materials: Braille Large print Other (specify): _____

18. Individual's current ISP end date: _____ 19. Date of most recent ONA: _____

20. Service group: _____ 21. Payment category (if applicable): _____

22. Type of setting/plan where individual lives (or will live at time of exception):

23. Services Individual is Currently Receiving (in addition to residential or in-home attendant care):

- Employment (type/amount hrs/wk): _____
- DSA (amount hrs/wk): _____ Transportation (to/from Employment/DSA)
- Professional Behavior Services- type/amount: _____
- Direct Nursing Services (amount, hours per day): _____
- Other (specify): _____

Exception request

Requested start date of exception: End Date Requested ?

Type of exception being requested (can select more than one):

- | | | | |
|--|----------------------------|---|----------------------------|
| <input type="checkbox"/> 7.) Employment/DSA more than 25 hours/week | <input type="checkbox"/> ? | <input type="checkbox"/> 8.) Employment for individual under age 22 - except Job Coaching | <input type="checkbox"/> ? |
| <input type="checkbox"/> 9.) Job Coaching before utilizing Vocational Rehabilitation (VR) services | <input type="checkbox"/> ? | <input type="checkbox"/> 11.) Change in Phase for Job Coaching Services | <input type="checkbox"/> ? |
| <input type="checkbox"/> 12.) Other Employment or DSA-Related Exception | <input type="checkbox"/> ? | <input type="checkbox"/> 15.) Transportation mileage and/or funding amount | <input type="checkbox"/> ? |
| <input type="checkbox"/> 19.) Assistive Devices | <input type="checkbox"/> ? | <input type="checkbox"/> 20.) Assistive Technology | <input type="checkbox"/> ? |
| <input type="checkbox"/> 21.) Professional Behavior Services | <input type="checkbox"/> ? | <input type="checkbox"/> 22.) Direct Nursing | <input type="checkbox"/> ? |
| <input type="checkbox"/> 23.) Specialized Supplies | <input type="checkbox"/> ? | <input type="checkbox"/> 25.) Psycho-Sexual Risk Assessment or Sex Offender Treatment | <input type="checkbox"/> ? |
| <input type="checkbox"/> 26.) Administrative/CME Error | <input type="checkbox"/> ? | <input type="checkbox"/> 27.) LOC/ONA Lapse | <input type="checkbox"/> ? |
| <input type="checkbox"/> 28.) ISP or Medicaid Lapse | <input type="checkbox"/> ? | <input type="checkbox"/> 29.) Shortened ISP Period | <input type="checkbox"/> ? |
| <input type="checkbox"/> 32.) Other Exceptional Funding Request | <input type="checkbox"/> ? | | |

Exceptional Supports/Funding Need Identified:

Additional Information

Provide any additional information that is relevant to the exception request:

Documentation Required

The following documents, dependent upon the reason for the exception request, must be submitted with the exception request. If, for any reason, the listed documentation is not attached, an explanation must be provided for why the documentation is not being submitted with the request.

For all new requests:

- ISP- Submit a copy of the ISP (and relevant supporting documents) for all requests

AND the following, if indicated:

Explanation For Missing Documentation

Explanation for any missing documentation (*failure to provide required documentation may result in a delay in a decision*):

STATEMENT BY THE SERVICES COORDINATOR OR BROKERAGE PERSONAL AGENT

Case Management Entity Recommendation- *provide an explanation or summary of the case management entity's recommendation for approval or denial. Include any concerns or issues related to the exception request being made:*

SIGNATURE:

By signing the form, the case management entity representative affirms the information submitted is, to the best of their knowledge, complete and accurate.

Signature: _____ Date:

Email: _____

Requests submitted with exception forms that are incomplete or fail to include the required attached documents (or a valid explanation why documents are not attached) may result in a decision being made on the information submitted. Hand-written exception forms submitted by the CME will be returned to the CME with a request to resubmit the document with the information entered electronically.

Submit forms electronically via email to: ODDS.FundingReview@dhsosha.state.or.us

TO BE COMPLETED BY ODDS

Reset Form

Notification of Pending Status

Full name
Street address
City, State ZIP code + 4 digits

Date of notice:	Date of birth:
Prime number:	
Individual's name:	

1. Verification the Office of Developmental Disabilities Services needs

We are currently determining your eligibility for Choose one . We need the information identified below from you or your guardian to figure out if you are eligible.

If we do not hear back from you by the reply date, we will assume the item or service is no longer required. As a result, we may not be able to make a decision and your request will be denied. If the request is denied, you will receive a written notice that tells you about your appeal rights. You can always reapply or request the item or service at any time. Please note that the requested items may still be required upon re-request or reapplication.

Date of request: _____

Type of request: Choose one _____

Documentation needed: Choose one _____

Documentation needed: Choose one _____

Documentation needed: Choose one _____

Documentation needed: Choose one _____

2. Reply date

We need the information identified above by: _____

Please return the requested items to:

Name: _____ Email or mail: _____

We need these things to make a decision about your request. If you do not return these things by the reply date above, we may deny your application or request. If your request is denied, you will receive a written notice.

Name: _____ Phone: _____

Title: _____