Action Request Transmittal Aging and People with Disabilities



Mike McCormick	Number: APD-AR-19-044
Authorized signature	<u>Issue date</u> : 10/1/2019
Topic: Provider Information	Due date:
Subject : New Assisted Living Facility	
Applies to (check all that apply):	
All DHS employees	☐ County Mental Health Directors
	☐ Health Services
Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In Home Services
ODDS Children's Residential Services	☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs	Other (please specify):
New Assisted Living Facility:	
The Lodge in Sisters – Sisters Provider Number: 528197 Effective date: 9/5/	/2019
Action Required: None Information Only	
Field/stakeholder review: ☐ Yes ☒ No If ves. reviewed bv:	

If you have any questions about this action request, contact:

Contact(s):		
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