

**Aging and People with Disabilities**

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**Number: APD-IM-16-112**

**Issue date: 12/22/2016**

**Topic:** Long Term Care

Form SDS 4105 - HCW Notice of Authorized Hours and Services add as a

**Subject:** Web form in Oregon ACCESS

**Applies to (check all that apply):**

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

**Message:** Please be aware that form [SDS 4105](#) – the Homecare Worker Notice of Authorized Hours and Services is now available for selection as a Web form in Oregon ACCESS on the Print Forms screen.

When selecting this form in Oregon ACCESS, the following fields will auto fill with the appropriate information:

- Current date
- Consumer-employer's name
- Case manager's name
- Case manager's phone number

*If you have any questions about this information, contact:*

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