

Information Memorandum Transmittal Aging and People with Disabilities



Jenny Cokeley

Authorized signature

Number: APD-IM-23-013

Issue date: 2/6/2023

Topic: Provider Information

Due date:

Subject: New Residential Care Facility

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: Type B | <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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

New Residential Care Facility	
Previous Provider Name	Location
Hopewell House	Portland
Provider Number	Effective
529613	1/19/2023

If you have any questions about this information, contact:

Contact(s): Dana Vafiades, Operations and Policy Analyst, Provider Relations Unit

Phone: (971) 719-6490

Fax: (503) 947-5357

Email: APD.Providerenrollment@odhsoha.oregon.gov