

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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