**Request to utilize OPI funds for other services**

**Fiscal Year**

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| --- | --- |
| CSSU use only | Approved  Y  N Date:       CSSU Initials: |

|  |  |  |
| --- | --- | --- |
| Date: | AAA: | |
| Contact Name: | | Tele: |
| Email: | | Contract # |

**Submit to CSSU at** [SUA.Email@odhs.oregon.gov](mailto:SUA.Email@odhs.oregon.gov) **Reference OPI in subject line.**

[OAR 411-032-0010(1)(b](https://secure.sos.state.or.us/oard/view.action?ruleNumber=411-032-0010)) Other authorized services for which OPI funds may be expended are authorized on a case by case basis by the Director of the Department. Other authorized services may include: (A) Services to support community caregivers and strengthen the natural support system of individuals; (B) Evidence-based health promotion services; (C) Options counseling; or (D) Assisted transportation options that allow individuals to live at home and access the full range of community resources.

Estimated expenditure: $

Estimated # of unduplicated clients:  Estimated # of units:

What was your agency’s prior fiscal year-end OAA expenditure for this service?

Please provide rationale for above request.

Estimated expenditure: $

Estimated # of unduplicated clients:  Estimated # of units:

What was your agency’s prior fiscal year-end OAA expenditure for this service?

Please provide rationale for above request.

Estimated expenditure: $

Estimated # of unduplicated clients:  Estimated # of units:

What was your agency’s prior fiscal year-end OAA expenditure for this service?

Please provide rationale for above request.

Estimated expenditure: $

Estimated # of unduplicated clients:  Estimated # of units:

What was your agency’s prior fiscal year-end OAA expenditure for this service?

Please provide rationale for above request.

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What was your agency’s prior fiscal year-end OAA expenditure for this service?

Please provide rationale for above request.