



# Oregon

Tina Kotek, Governor

## Department of Human Services

Office of Developmental Disabilities Services

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This form is for gathering information during the exceptions process. It is not a substitute for the In-Home Smartsheet Exception Request Form. Please submit your exception request using the Smartsheet form, as ODDS will not accept this form as an official request.



### In-Home Services Hour Allocation Exception Request Form

Name		Prime Number	
Birthdate		Service Group	
Legal Guardian		Email Address	

SC/PA Name		Phone Number	
SC/PA Email		CME	
Supervisor		Supervisor Email	

Does the ONA accurately reflect support needs?		Why Not?	
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Request Type		Assessment		Monthly Hours	
Requested Hours		Start Date		End Date	

Children's Support Needs	
Urgent Request?	

**Intermittent Support Needs**

Identified ADL Support Needs			
Other Intermittent Support Needs			
Challenging Behaviors requiring intermittent support			
Intermittent Supports: Describe the intermittent support needs			
How often per week does this need arise?		How much time does it take to meet this need in hours per week?	
What are the consequences that are reasonably expected if the need is unmet?			

**ADL/Health Related Support Needs**

<p>Identified ADL/Health Related Tasks</p>			
<p>Other ADL/Health Related Tasks</p>			
<p>ADL/Health Related Tasks support needs</p>			
<p>How often per week does this need arise?</p>		<p>How much time does it take to meet this need in hours per week?</p>	
<p>What are the consequences that are reasonably expected if the need is unmet?</p>			

Risk of Isolation			
Is the person unable to access the community for at least 20 hours a week?			
How often in occurrences per week does this need arise?		How much time does it take to meet this need in hours per week?	
Explain why the current hours aren't enough to support the need for community inclusion			

Exception Submission			
Attached Support Documents			
CME Recommendation			
Person Submitting Request		Date of Request Submission	