Oregon

Tina Kotek, Governor

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?	

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		
Identified ADL/Health Related Tasks		
Other ADL/Health Related Tasks		
ADL/Health Related Tasks 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?		

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	

"Safety, health and independence for all Oregonians"
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