 **Request for K Plan and OPI-M Ancillary Services**

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| --- | --- |
| Consumer’s name:       | Consumer’s prime number:       |
| Case manager’s name:       | Branch number:       |
| Approving manager’s name:       | Date:       |
| Bids are attached: [ ]  Yes [ ]  No | Pictures are attached: [ ]  Yes [ ]  No |
| This request is for a consumer receiving OPI-M services:  | [ ]  Yes [ ]  No |

**Service Type:**

[ ] Electronic back-up systems and assistive technology OAR 411-035-0030

[ ] Chore service OAR 411-035-0040

[ ] Environmental modifications (*over $500 must be completed by licensed contractor*) OAR 411-035-0055

[ ] Consumer transition services, any type, if over financial limits specified in rule OAR 411-035-0070

Describe the reason the service is necessary, the assessed need that will be met and the expected outcome for the individual.

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Submit this form and all documentation to: KPlan.Requests@dhsoha.state.or.us