Oregon Department of Human Services
Seniors and People with Disabilities

Office of Developmental Disability Services

Proctor Care Training and Technical Assistance Request Form

Provider Agency: _____

Provider Address: _____ City: _____ Zip: _____

Provider Contact: _____ Phone: _____ Email: _____

Please list CDDP's/Counties your Agency is considering for Potential Development:

Agency Request for Training (T) and Technical Assistance (TA) *(please check appropriate box)*	
☐ Proctor Agency Certification	☐ Adult Foster Home Licensing
☐ Children's Foster Home Licensing	☐ ISP
☐ Contracts/Budgets	☐ Roles SPD/CDDP/Agency/Providers
☐ Recruiting Foster Homes	☐ Other (*please explain)*

Reasons for Request: Explain briefly why T & TA is requested.

Desired Outcomes:

Send Request for SPD Approval to:		
Ken Ralph	Phone: (503) 947-5191	Fax: (503) 945-6219
Email: Ken.Ralph@state.or.us		

For SPD Internal Use Only	
Renew staff assigned:	Date CDDP notified:
Close date:	Date faxed to renew:

SDS 0829 (3/07)