

ODDS Children's Exceptional Needs Referral Form

The Children's Extraordinary Needs (CEN) Waiver program is operated by the Oregon Office of Developmental Disabilities Services (ODDS). The program is for parent/guardian caregivers of minor children assessed as having very high medical or behavioral support needs.

To refer a child to this program, please complete and submit the referral form. ODDS will notify the parent or guardian of the status of the referral. If you have any questions regarding your submission, email cenprogram@odhs.oregon.gov.

Not all fields are required, however, we ask that you please complete as many optional fields as you are able.

Submitter information

Date of submission: _____ First name: _____

Last name: _____

Email: _____

Primary phone: _____

Relationship to child: Parent Guardian

Community Developmental Disabilities Program (CDDP)

ODHS child welfare worker

ODDS Children's Intensive in-home services (CIIS) program services coordinator

ODDS Children's Residential Services Coordinator

Other _____

Agency, program or organization referring the child:

Child information

Last name: _____

First name: _____ Preferred name: _____

Street address: _____

City: _____ State: ____ Zip: _____

County: _____ Date of birth: _____

Does the child have a guardian that is not a parent? Yes No

Child's current living arrangement: Family home Foster home

ODDS Host home 24 hr residential home

Pronouns the child uses: he/him/his she/her/hers they/them/their

xe/xir/xirs ze/hir/hirs ze/zir/zirs

Child's sex at birth:

The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy. Female Male Intersex

Current gender identity: _____

Child's primary language:

ASL English Spanish Arabic Armenian Chatino

Chinese Farsi Filipino Hindi Hmong

Japanese Korean Mam Mixteco Punjabi

Purepecha Russian Tagalog Tlapaneco Triqui

Ukrainian Vietnamese Zapoteco Other _____

Parent or guardian information

Parent or guardian 1: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____

Parent or guardian information (continued)

Primary language:

- ASL English Spanish Arabic Armenian Chatino
 Chinese Farsi Filipino Hindi Hmong
 Japanese Korean Mam Mixteco Punjabi
 Purepecha Russian Tagalog Tlapaneco Triqui
 Ukrainian Vietnamese Zapoteco Other _____

Parent or guardian 2: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____

Primary language:

- ASL English Spanish Arabic Armenian Chatino
 Chinese Farsi Filipino Hindi Hmong
 Japanese Korean Mam Mixteco Punjabi
 Purepecha Russian Tagalog Tlapaneco Triqui
 Ukrainian Vietnamese Zapoteco Other _____

Additional parent: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____

Parent or guardian information (continued)

Additional parent primary language:

- ASL English Spanish Arabic Armenian Chatino
 Chinese Farsi Filipino Hindi Hmong
 Japanese Korean Mam Mixteco Punjabi
 Purepecha Russian Tagalog Tlapaneco Triqui
 Ukrainian Vietnamese Zapoteco Other _____

Service coordinator or case manager information

ODHS Developmental Disabilities services coordinator

Is the child currently eligible for Developmental Disabilities (DD) services?:

Yes No

CDDP coordinator: _____

Email: _____

Desk phone: _____ Cell: _____

Is the child enrolled in children's residential services? Yes No

Is the child enrolled in CIIS services? Yes No

ODHS CIIS or children's residential services coordinator: _____

Email: _____

Desk phone: _____ Cell: _____

ODHS child welfare case manager:

If different than the guardian listed above: _____

Email: _____

Desk phone: _____ Cell: _____

Please email this form to cenprogram@odhs.oregon.gov

An online (browser) version of this form is available here:

<https://app.smartsheet.com/b/form/d256bdcc598f48ffb038a024f2979b4f>

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Oregon ODDS at dd.directorsoffice@odhsoha.oregon.gov or call 503-945-5811. We accept all relay calls.