

May 23, 2013



Dear Personal Support Worker,

DHS is requesting your immediate attention. Enclosed is a copy of the Personal Support Worker Provider Enrollment Application and Agreement. Completion of this document is required for you to be on the State Registry which will allow you to be referred to individuals and or families needing a Personal Support Worker. By signing this agreement the state will issue a provider number which will be necessary for payment on or prior to October 1, 2013. This document must be completed and returned by **June 15, 2013**, in order to be on the registry July 1, 2013.

Please review the document and complete as indicated below:

Check the box for New Application in the Type of Action Requested section
Complete all of the lines in the Legal Name section

Note: The name that you enter here must match your Tax Id or SSN card exactly. If your name has changed please indicate why the name on you ID is different than the name you will use when signing the document.

On page 3 please check Yes or No regarding question #7.
Then print your name again, sign and date on the bottom of page 3.

Please return this document by mail or fax to the following address as soon as possible:

Office of Developmental Disabilities Services
Contracts Administration Unit
500 Summer St NE, E09
Salem, OR 97301
Fax: 503-373-7274

If you choose to you may also scan the signed document and e-mail to Bobbie Arteg at Bobbie.J.Arteg@state.or.us.

If you have any questions regarding this document or the process please contact your local brokerage contact or county contact.

Thank you