

Change Form

Person's legal name: Paul Kiel

Date initiated: 1/19/2017

Effective date: 2/1/2017

Initiated by: Paul

Reason for change(s)

Paul's dad won't be able to give him a bus pass for 3 months, so Paul would like to purchase this with support funds for 3 months.

List specific change(s)

Added to ISP K Plan service:
149-OR554-Service Related Comm Trans, individual transit pass
1 bus pass per month for 3 months (2/1/17-4/30/17)

Name	Title/relationship	Date notified of change	Date approved, if required	Signature or note of how approval or notification was given (e.g., phone, email)
Paul Kiel	Self/person receiving services	Jan 19, 2017	Jan 19, 2017	
Kitty Fields	Personal Agnet	Jan 19, 2017	Jan 19, 2017	

This form may contain your personal information. There is some risk someone could steal the information from you when you send this form by email. You may want to mail or fax it if you do not want to take the risk.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Office of Developmental Disabilities Services (ODDS) at 503-945-5600. We accept all relay calls or you can dial 711.