



Office of Developmental Disabilities Services tiest
DD Licensing and Foster Care Unit
PO Box 14540 1430
Salem, Oregon 97309
Phone: 503-945-7800 Fax: 503-373-2228

February 16, 2018

April Shattuck, Director
Transcending Inc DbA Advocates For Empowerment
4345 NE 64th Ave
Portland, OR 97218

Dear April:

Our records indicate your Medicaid Agency certification and endorsement renewal, expires **June 22, 2018**.

Please complete, the enclosed forms for your Medicaid Agency and *each* endorsement no later than **April 16, 2018**. I/DD Licensing will use the information provided to complete the agency renewal process prior to the expiration date.

Please review the enclosed information carefully. If you have new site address information *and/or* address change information, include that information on the attached form.

If you are providing ATE/Day Support Services (DSA) these services now fall under the Community Living Supports endorsement. You must apply to add this endorsement to continue to bill for these services. If you have an Employment endorsement and no longer provide Employment services you do not need to renew your Employment endorsement.

If you have any questions or **would like an electronic copy of the required forms, please contact Joshua Clark** at: dd.licensing@dhsosha.state.or.us

Sincerely,

A handwritten signature in cursive script that reads 'Barbara Southard'.

Barbara Southard, Manager
I/DD Licensing Unit
Office of Developmental Disabilities Services


Enclosures: Medicaid Agency Renewal Application; Endorsement Policy/Procedure Checklists



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Medicaid Agency **UPDATE/CONFIRMATION**

Program Information:	
Corporation legal name: Transcending Inc Db a Advocates For Empowerment	
	<i>Change/Update:</i>
Physical Address: 4345 NE 64th Ave, Portland, 97218	
Mailing Address: 4345 NE 64th Ave Portland, OR 97218	
Phone: (503)516-7094 FAX:	
Administrator: April Shattuck	
Contact for this form: Phone: 503-516-7094	Email: empowermentfor@gmail.com
Individual service/site information for: Advocates For Empowerment (DZ1094)	

Required documents: The following documents need to be completed and returned with this application:	
Endorsement Service Policies/Procedures	State of Oregon Certificate of Incorporation or Certificate of Authority
Medicaid Agency Certification Policies/Procedures	
Agency Signature	
I have examined this update in its entirety, including all attachments and to the best of my knowledge; this information is true, correct and complete. I certify that I am authorized by the agency to complete this form.	
(Printed legal name) April Shattuck	
(Signature/title)	
	(Date) 4/11/2018