**DDS CONTACT INFORMATION**

**Individual’s Name:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DOB:**      \_\_\_\_\_\_\_\_

**DDS#:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**      \_\_\_\_\_\_\_

**PLEASE CONTACT THE DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) UNDER THE FOLLOWING CONDITIONS:**

1. When the individual is hospitalized;
2. When there is a significant change in condition of the individual (as per federal regulations), which may include the consideration of a Do Not Resuscitate (DNR) order; or
3. When the individual dies.

**DDS OFFICE HOURS: Monday through Friday, 8:30 AM to 4:30 PM**

Please contact the DDS Case Manager and the DDS Case Management Supervisor during regular office hours.

After office hours, please leave a voicemail message for the DDS Case Manager and the DDS Case Management Supervisor.

**Case Manager:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:**      \_\_\_\_

**Case Management Supervisor:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:**      \_\_\_\_

**Regional Director:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:**      \_\_\_\_

**PLEASE FILE THIS FORM IN THE FRONT OF THE INDIVIDUAL’S MEDICAL RECORD.**