



OAC 310:678-3-3 and OAC 310:678-3-5 through 310:678-3-7 require each facility and provider agency subject to Office of Client Advocacy (OCA) jurisdiction to conduct client maltreatment investigations and client caretaker conduct (non-maltreatment) reviews to designate a contact person. This form is to be used to provide OCA with information regarding the facility administrator’s designated contact person.

INSTRUCTIONS: If provider agency and facility site is the same, singular site, please go to section 2. If provider agency administers more than one facility site, complete section 1 for information related to the provider agency **and** complete section **2 for each** facility site.

SECTION 1: PROVIDER AGENCY:

Provider agency name:		Date:	
Currently held agency contracts: <input type="checkbox"/> Developmental Disabilities Services <input type="checkbox"/> Office of Juvenile Affairs <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Child Welfare <input type="checkbox"/> OHS <input type="checkbox"/> other (specify):			
Street address:			
City:		State:	Zip
Mailing address: (If other than street address):			
City:		State:	Zip
Agency phone number:	Fax number:	Agency email address:	
Administrator name:		Title:	Administrator phone number:

SECTION 2: FACILITY SITE(S): If provider agency administers more than one facility, complete section 2 for each facility

Facility site(s) legal contract name:		
Currently held facility contracts: <input type="checkbox"/> Developmental Disabilities Services <input type="checkbox"/> Office of Juvenile Affairs <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Child Welfare <input type="checkbox"/> OHS <input type="checkbox"/> other (specify):		
Street address:		
City:	State:	Zip:
Mailing address (If different from street address):		
City:	State:	Zip:
Agency phone number:	Fax number:	Facility site email address:

ADMINISTRATOR: receives legal, official, and/or investigative notices from OCA, including disposition notices, exit notices, and investigation reports.

Administrator name:	Title:
Administrator phone number:	
Administrator mailing address:	
Administrator email address:	
Administrator signature:	
Date:	

CONTACT: Provides documents and information to investigator, assists in scheduling interviews, etc.

Contact name:	
Contact phone:	Fax number:
Contact email address:	

Return form to:
Oklahoma State Department of Health
Office of Client Advocacy
123 Robert S. Kerr Ave. Suite 1702
Oklahoma City, OK 73102-6406

OCA USE ONLY
Data entered in CCM
Mailing lists updated
Hard copy filed