

Outreach Quarterly Report to DMAP

Check the current quarter:

Jan, Feb, & Mar Apr, May, & Jun Jul, Aug, & Sept Oct, Nov, & Dec

Organization/Facility Code: _____

Location: _____

Month:
Number of Stamped Applications given to your clients:
Names of Employees who attended DMAP training: _____ _____ _____ _____
Month:
Number of Stamped Applications given to your clients:
Names of Employees who attended DMAP training: _____ _____ _____ _____
Month:
Number of Stamped Applications given to your clients:
Names of Employees who attended DMAP training: _____ _____ _____ _____

Make copies of this report for future use

Mail or Fax within 30 days of the end of the quarter to:

Division of Medical Assistance Programs

500 Summer St NE, E49

Salem, OR 97301-1077

(Fax) 503-373-7689