## ORDINANCE/RESOLUTION REQUEST

			Date of Request: October 21, 2014
Please mark one:	Bill Request	or	☐ Resolution Request
1. Has your agency so	ubmitted this request ir	the last 1	2 months?
☐ Yes	⊠ No		
If yes, please e	xplain:		
			gh contract control number SOCSV-2014-16375-01, to add an additional rance Portability and Accountability Act (HIPAA) language to the contract.
SAVIO HOUSE 325 King Street. Denver, CO 80219			
3. Requesting Agency	y: Denver Department of	Human Se	ervices
4. Contact Person:  Name: Ron M Phone: 720-94 Email: Ron.M			
5. Contact Person:  Name: Ron M Phone: 720-94 Email: Ron. M	44-29032		
6. General descriptio	n of proposed ordinanc	e includin	g contract scope of work if applicable:
Accountability Act in the contract to ch competent strength-	(HIPAA) language will be ildren and families who	oe added to are served port service	k through this amendment and Health Insurance Portability and the contract. Savio House will continue to provide other services currently through the child welfare system. The Core program provides culturally es to children and families to protect the well-being of children/youth by accement.
a. Contract (	Control Number: SO	CSV-2014-	-16375-01
b. Duration:	6/1/2014 - 5/31/2015		
c. Location:	Denver Human Service	ces	
e. Benefits:			ies and prevent more restrictive levels of out of home placement to children
	vith Human Services' Ch his item does not add add		e division.  sts (the new service would be paid through the available funding as found
in the first contract.			· · · ·
7. Is there any contro	oversy surrounding this	ordinance	e? Please explain. No
	To be	e completed	d by Mayor's Legislative Team:
SIRE Tracking Number:			Date Entered: