

# Housing Request Form

Last updated: December 2024



CareOregon may be able to provide help with rent and utilities, communicating with your landlord, or connecting you to other housing resources. We also may be able to help improve safety in your home through home modifications.

Please fill out the information in this form. Submit via fax: 503-214-8909 or email: [hrrsn@211info.org](mailto:hrrsn@211info.org)  
If you'd like help filling out this form, please call: 866-698-6155

## Agreement for services request

- Yes I am requesting help from my health plan to see if I qualify for housing support, to help me maintain housing or to improve safety within my home.
- No

## Member information

Medicaid ID # (if known): \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Name (as it appears on OHP/Medicaid card): \_\_\_\_\_

Chosen name and pronouns: \_\_\_\_\_

Accessibility needs:

- Interpreter (specify language): \_\_\_\_\_
- Sign language
- Braille
- Large font

If you are completing this form for a member, please provide your details below:

Name: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

It is okay to contact me (or the person completing this form) about this request:  Yes  No

## I have OHP/Medicaid with:



\*Including CareOregon, Kaiser, OHSU, Providence and Legacy

## Current situation

The situations below may qualify you for help with making changes to your home for health and safety. Please check all that apply to you:

- I currently have housing
- I have a health condition that requires changes to my current housing for safety
- I am going through one of the following life changes: (check all that apply)
  - I will become eligible for Medicare in addition to OHP in the next three months
  - I enrolled in Medicare in addition to OHP for the first time no more than nine months ago
  - I may become homeless or lose my housing soon
  - I received care in a mental health or substance use recovery facility in the past 12 months
  - I have been involved with child welfare services (foster care) in Oregon now or in the past
  - None of the above

The situations below may qualify you for help keeping your current housing, such as rent support. Please check all that apply to you:

- I currently have housing
- I need help staying in my current housing
- I have a lease or written agreement with the person I am renting from (e.g., landlord)
- I do not own my home
- I don't have resources to prevent homelessness
- I have a health condition listed in the next section
- None of the above

Please share the following information about your household. Your household includes you and/or your spouse or children.

How many people are part of your household? \_\_\_\_\_

What is your estimated annual household income, before taxes? \_\_\_\_\_

What is your current work status?

- Employed full time
- Employed part-time
- Retired
- Self employed
- Unemployed
- Student
- I don't know
- Other \_\_\_\_\_

Do you have income from any other sources?  Yes  No

If yes, what are your other monthly income sources?

## Health conditions

- Yes Do any of the conditions listed below apply?  
 No

Please mark the box(es) that apply:

- Complex physical health condition (please specify): \_\_\_\_\_
  - o A serious physical health condition that continues to get worse and/or can be life-threatening. It either needs regular treatment, help to stay stable, and/or treatment to avoid getting worse. This condition makes it hard to pay for housing. Some examples include chronic kidney disease, Parkinson's, and insulin dependent diabetes.
- Complex behavioral health condition (please specify): \_\_\_\_\_
  - o A serious behavioral health condition that continues to get worse and/or can be life-threatening. It either needs regular treatment, help to stay stable, and/or treatment to avoid getting worse. This condition makes it hard to pay for housing. Some examples include bipolar disorder, schizophrenia, and major depressive disorder requiring inpatient care within the last 12 months.
- Developmental or intellectual disability (please specify): \_\_\_\_\_
- Difficulty with self-care and daily activities (please specify): \_\_\_\_\_
- Experience of abuse or neglect, currently or in the past
- Frequent use of emergency room or crisis services
- Currently pregnant or gave birth in the past 12 months
- 65 years or older
- 6 years or younger

## Housing support request

I am requesting the following housing support (check all that apply):

- Help paying rent up to six months, including any current or past due rent\*
- Help paying utility bills for up to six months, including any current or past due utilities\*
- Utility set up fees\*
- Storage fees
- Tenant support (help getting resources and services for renters)
- Hotel/motel support (if you check this box, please complete the *Hotel Request Checklist*)
- Home changes for health and safety (please specify & describe specific request):
  - Adding grab bars, wheelchair ramps or drawer pulls
  - Deep cleaning
  - Getting rid of pests
  - Installing window blinds
  - Other: \_\_\_\_\_

Do you own your home or rent?  Own  Rent

- If you rent, do you have landlord approval for these changes?  Yes  No

*\*If help is needed, please complete the Rent & Utility Assistance Checklist.*

- Have you received this item or service in the past six months?  Yes  No
- Are you currently receiving the same or a similar item or support?  Yes  No

If you answered yes to either of the questions above, please explain why you are requesting more help:

Please share more information about your current circumstances. The questions below are optional but will help us determine the best way to support your needs.

- Do you currently have an eviction notice?  Yes  No  
If yes, what is the date of eviction? \_\_\_\_\_
- Do you currently have a scheduled eviction hearing?  Yes  No  
If yes, what is the date of the hearing? \_\_\_\_\_
- Do you currently have a utility shut off notice or have your utilities been shut off?  Yes  No  
If yes, when will your utilities be turned off? \_\_\_\_\_
- Have you experienced homelessness before?  Yes  No
- Have you been evicted before?  Yes  No
- Has there been a recent change in circumstance that has resulted in the need for rent or utility support, such as death of a household member?  Yes  No  
If yes, please explain:

## Outreach

CareOregon will be reaching out to you to discuss your request. How would you like us to contact you?

Phone call (please list a phone number): \_\_\_\_\_  
It is okay to leave a detailed voice message about this request:  Yes  No

Text message (if different from above, list phone number): \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

Contact my representative:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

I would like to connect with a care coordinator for help getting more medical care, behavioral health services, or managing my medical conditions. I have listed my needs below:

## Member confirmation and approval

- I would like my health plan to see if I qualify for housing supports
- If approved, I agree to receive the services I requested above
- My health plan can contact me or my provider for more information. My health plan may look at my records. This includes records about my care needs. This could also include records from my healthcare providers.
- I understand that my health plan will reach out to me about this request and may decline this request if I have not provided enough information to process it.
- I sign under penalty of perjury, which means that, as far as I know, all the information I gave in this request is true, correct, and complete.
- If I give false or wrong information, I could face penalties under state or federal law. This might include having to pay back money for any service I get because of this request.

## Signature

Please sign this request.

A representative may sign this form for a member, including if the member is a minor.

Member name: \_\_\_\_\_

Member signature: \_\_\_\_\_

Representative name: \_\_\_\_\_

Representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit via fax: 503-214-8909 or email: [hrrsn@211info.org](mailto:hrrsn@211info.org)

# Rent & Utility Assistance Checklist

Last updated: December 2024



## Rent assistance

Please choose the type of help you need with your rent. Check all that apply:

- Help with current or future rent
  - Number of months requested: \_\_\_\_\_
  - Months you need payment for: \_\_\_\_\_
  - Monthly rental payment: \_\_\_\_\_
  - Number of bedrooms in the rental property: \_\_\_\_\_
  - Due date of next payment: \_\_\_\_\_
- Help with past due rent
  - Number of months past due: \_\_\_\_\_
  - Months you need payment for: \_\_\_\_\_
  - Monthly rental payment: \_\_\_\_\_
  - Total amount due, including fees: \_\_\_\_\_
  - Number of bedrooms in the rental property: \_\_\_\_\_

What is the name and address of the company or individual that payments need to be sent to? (for example, landlord, property manager, utility company)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please share any additional information that needs to be included on the rent check, such as an account number, unit number, or name:

## Utility assistance

Please choose the kind of help you need with your utilities. Check all that apply:

- Help for current or future utilities
  - Type of utility (list all types you need help with): \_\_\_\_\_
  - Number of months requested: \_\_\_\_\_
  - Months you need payment for: \_\_\_\_\_
  - Monthly utility payment amount: \_\_\_\_\_
  - Due date of next payment: \_\_\_\_\_

Help with past due utilities

- Type of utility (list all types you need help with): \_\_\_\_\_
- Number of months past due: \_\_\_\_\_
- Months you need payment for: \_\_\_\_\_
- Total amount due, including fees: \_\_\_\_\_

Utility set up fees

- Type of utility (list all that you need help with): \_\_\_\_\_
- Amount(s) you are requesting: \_\_\_\_\_
- Date of set up: \_\_\_\_\_

## Attachments

Please attach the following documents to your request. If you don't include these documents, it might take longer to process.

Rent help

- Rental agreement with your name on it, or rental agreement and proof of address
- Proof of the amount owed for past due rent
- W9 from landlord, if available at time of request
- Eviction notice, if applicable

Utility help

- Utility bill(s) with your name on it
  - If the utility bill does not have your name on it, submit proof of address (for example, a lease agreement, official mail, other utility bill with your name on it, copy of your ID with current address)
- Utility shut off notice, if applicable

# Hotel Request Checklist

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Please use this checklist to make sure we have all the necessary information to help book your hotel.

Your name: \_\_\_\_\_

Name on the reservation: \_\_\_\_\_

Was a vacancy confirmed?  Yes  No

If yes, what date was it confirmed? \_\_\_\_\_

Hotel/motel name: \_\_\_\_\_

Hotel/motel address: \_\_\_\_\_

Hotel/motel phone number: \_\_\_\_\_

Check-in date (mm/dd/yyyy): \_\_\_\_\_

Estimated number of days needed:

7 nights  4 nights  28 nights  Other \_\_\_\_\_

*Please note: the maximum number of days that can be booked is 28 days per request.*

Do you have ADA accessibility needs?  Yes  No

If yes, please detail what the needs are:

\_\_\_\_\_

Do you have any pets or service animals?  Yes  No

If yes, list type and number of animals, and indicate if they are service animals:

\_\_\_\_\_

Will the hotel accept animals?  Yes  No  Unknown

How many total people will be staying in the room with you/the member? \_\_\_\_\_

(write "1" if just you/the member)

*If there are more than four people on the reservation, an additional room will need to be reserved.*

Will there be any children?  Yes  No



Please list all other guests who will be staying with you/the member and describe their relationship to you/the member. If there are children under 18, please list their ages.

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How many beds are needed and what size(s)? \_\_\_\_\_

Do you have a government-issued ID card?  Yes  No

*Please note: not having an ID card will limit hotel options.*

Do you need a smoking room?  Yes  No

Does the selected hotel have smoking rooms available?  Yes  No

# Temporary Housing: Member Code of Conduct Form

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CareOregon is happy to help you with housing options. We want this to be a good experience for you and the hotel where you stay. That's why, when we pay for your hotel room, you're required to follow all hotel rules and treat the hotel staff with respect. We need you to fill out the form and sign at the bottom to show you agree.

\_\_\_\_\_ (member name) is being given temporary hotel funding by CareOregon on behalf of Health Share of Oregon coordinated care organization (CCO).

## Member agreement

- I will follow all hotel or motel rules.
- I understand that I'm responsible for my actions, including damage to the hotel room. I may be asked to leave the hotel or motel if I don't follow their rules.
- I have no claim to residency rights.
- I know the hotel might limit how many nights I can stay in a row. If I need to stay longer than allowed or more nights than I asked for, I will need to fill out a new request form.
- I understand the hotel or motel has a check-in time, and CareOregon may not be able to find another hotel or motel if I miss the check-in time.

I understand that I may be asked to leave the hotel if:

- I don't follow the motel/hotel rules.
- I harass hotel or motel staff or guests.
- I damage or threaten to damage hotel or motel property.
- I engage in unsafe actions that could affect the safety or health of staff or guests.
- I injure or threaten to injure any staff or guests by what I say, write, or communicate in any way.
- I bring a weapon to a hotel or motel.
- I use or threaten to use any weapon on hotel or motel property.
- I have too many unapproved guests staying with me.
- I have unapproved animals/pets/service animals with me.
- I smoke cigarettes in a non-smoking room.

*Please note: CareOregon may not be able to offer a new motel/hotel in the future if you, or anyone staying with you, act in the ways listed above.*

## Signature

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Name of person submitting  
the form (if different than member): \_\_\_\_\_

Submitter signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call toll-free 800-224-4840 or TTY 711. We accept relay calls.