LISTA DE TARIFAS

Tarifa básica de solicitud Si el paciente cultiva por cuenta propia o no designa a un cultivador/sitio de cultivo	**$200**
Tarifa de solicitud básica y tarifa de registro del sitio de cultivo Si el paciente designa a un cultivador que no sea él/ella	**$250**
Tarifa de solicitud reducida del Programa de Asistencia de Nutrición Suplementaria (SNAP, por sus siglas en inglés) Si el paciente cultiva por cuenta propia o no designa a un cultivador/sitio de cultivo **Y** envía prueba de SNAP	**$60**
Tarifa de solicitud reducida de SNAP y tarifa de registro del sitio de cultivo Si el paciente designa a un cultivador que no sea él/ella, **Y** envía prueba de SNAP	**$110**
Tarifa de solicitud reducida del Plan de Salud de Oregon (OHP, por sus siglas en inglés) Si el paciente cultiva por cuenta propia o no designa a un cultivador/sitio de cultivo **Y** envía prueba del OHP	**$50**
Tarifa de solicitud reducida del OHP y tarifa de registro del sitio de cultivo Si el paciente designa a un cultivador que no sea él/ella, **Y** envía prueba del OHP	**$100**
Tarifa de solicitud reducida de la Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés) Si el paciente cultiva por cuenta propia o no designa a un cultivador/sitio de cultivo **Y** envía prueba de la SSI	**$20**
Tarifa de solicitud reducida de la SSI y tarifa de registro del sitio de cultivo Si el paciente designa a un cultivador que no sea él/ella **Y** envía prueba de la SSI	**$70**
Tarifa de solicitud reducida de la Administración de Veteranos (VA, por sus siglas en inglés) Si el paciente cultiva por cuenta propia o no designa a un cultivador/sitio de cultivo **Y** envía prueba de la VA que avale en un 100 % la incapacidad	**$20**
Tarifa de solicitud reducida de la VA y tarifa de registro del sitio de cultivo Si el paciente designa a un cultivador que no sea él/ella, **Y** envía prueba de la VA que avale en un 100 % la incapacidad	**$70**

Programa de Marihuana Medicinal de Oregon (Oregon Medical Marijuana Program)

P.O. Box 14450
Portland, OR 97293-0450
Por teléfono: 971-673-1234
Horarios telefónicos: de 9 a.m. a 4 p.m.
De lunes a viernes
www.healthoregon.org/ommp

Oregon Health Authority
DIVISIÓN DE SALUD PÚBLICA
Programa de Marihuana Medicinal de Oregon (Oregon Medical Marijuana Program)

De solicitarse, este documento se facilitará en otro formato a personas con discapacidades o en otro idioma, aparte del inglés, a personas con un nivel de inglés limitado. Para solicitar esta publicación en otro formato o idioma, comuníquese con el Programa de Marihuana Medicinal de Oregon (OMMP, por sus siglas en inglés) llamando al 971-673-1234 o al 971-673-0372 para TTY (personas con problemas auditivos).

Spanish OHA 8503 (01/15)

Programa de Marihuana Medicinal de Oregon (Oregon Medical Marijuana Program)

Cómo reunir los requisitos para acceder a una tarifa reducida

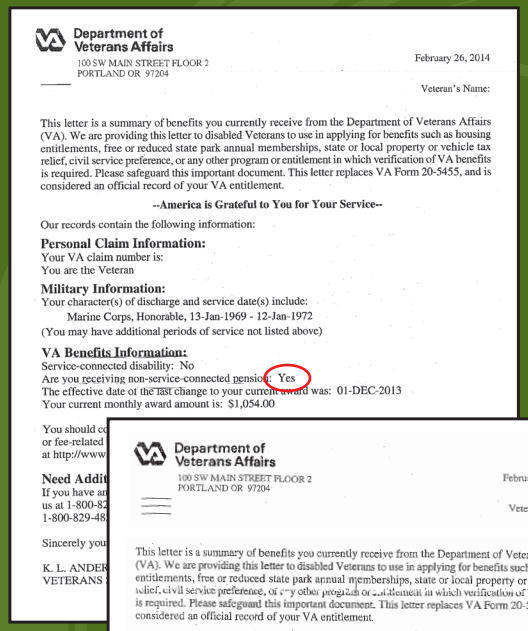
Oregon Health Authority
DIVISIÓN DE SALUD PÚBLICA
Programa de Marihuana Medicinal de Oregon (Oregon Medical Marijuana Program)

SI ES ELEGIBLE PARA ACCEDER A UNO DE LOS SIGUIENTES PROGRAMAS, ES POSIBLE QUE REÚNA LOS REQUISITOS PARA OBTENER UNA TARIFA DE REGISTRO REDUCIDA

Asuntos de Veteranos

Para reunir los requisitos para acceder a la tarifa reducida de $20, un paciente debe enviar prueba de una de las siguientes alternativas:

- Incapacidad 100 % relacionada con el servicio según la VA;
- Pensión según las necesidades por una incapacidad no relacionada con el servicio y otorgada por la VA.



Department of Veterans Affairs
100 SW MAIN STREET FLOOR 2
PORTLAND OR 97204

February 26, 2014

Veteran's Name:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

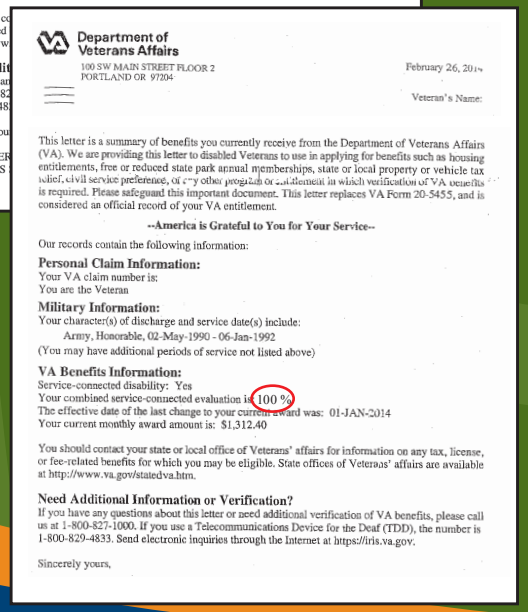
--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:
Your VA claim number is:
You are the Veteran

Military Information:
Your character(s) of discharge and service date(s) include:
Marine Corps, Honorable, 13-Jan-1969 - 12-Jan-1972
(You may have additional periods of service not listed above)

VA Benefits Information:
Service-connected disability: No
Are you receiving non-service-connected pension: Yes
The effective date of the last change to your current award was: 01-DEC-2013
Your current monthly award amount is: $1,054.00



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100 SW MAIN STREET FLOOR 2
PORTLAND OR 97204

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--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:
Your VA claim number is:
You are the Veteran

Military Information:
Your character(s) of discharge and service date(s) include:
Army, Honorable, 02-May-1990 - 06-Jan-1992
(You may have additional periods of service not listed above)

VA Benefits Information:
Service-connected disability: Yes
Your combined service-connected evaluation is: 100 %
The effective date of the last change to your current award was: 01-JAN-2014
Your current monthly award amount is: $1,312.40

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

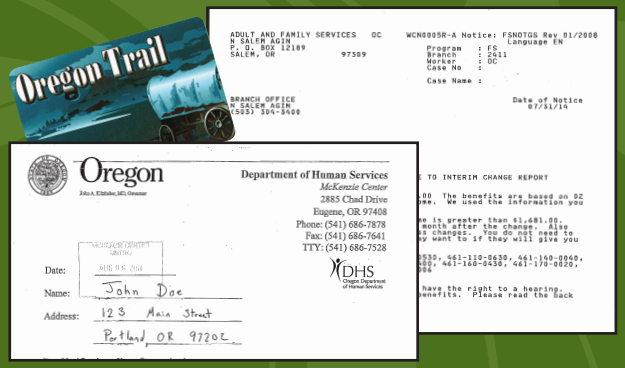
Need Additional Information or Verification?
If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

Programa de Asistencia de Nutrición Suplementaria (*Supplemental Nutrition Assistance Program* o SNAP)

Para reunir los requisitos para acceder a la tarifa de solicitud reducida de SNAP de $60, un paciente debe enviar una de las siguientes alternativas:

- Una fotocopia de la verificación actual de la carta de beneficios.
- Una fotocopia de la tarjeta Oregon Trail.



ADULT AND FAMILY SERVICES OC
N SALEM AGIN
P. O. BOX 12189
SALEM, OR 97309

WCN0005R-A Notice: FSNOTGS Rev 01/2008
Language EN
Program : FS
Branch : 2411
Worker : OC
Case No :
Case Name :

BRANCH OFFICE
N SALEM AGIN
(503) 304-3400

Date of Notice
07/31/14

Oregon
John A. Kitzhaber, MD, Governor

Department of Human Services
McKenzie Center
2885 Chad Drive
Eugene, OR 97408
Phone: (541) 686-7878
Fax: (541) 686-7641
TTY: (541) 686-7528

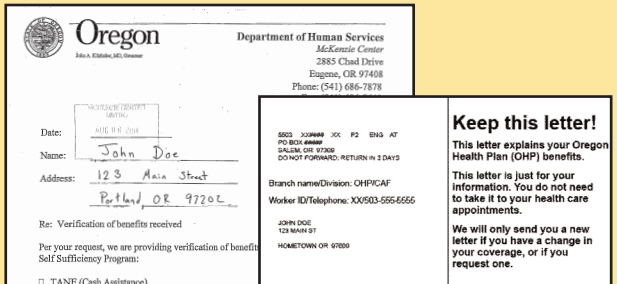
DHS
Oregon Department of Human Services

Date:
Name: John Doe
Address: 123 Main Street
Portland, OR 97202

Plan de Salud de Oregon (OHP)

Para reunir los requisitos para acceder a la tarifa de solicitud reducida del Plan de Salud de Oregon de $50, un paciente debe enviar una de las siguientes alternativas:

- Una fotocopia de la tarjeta de identificación del OHP actual;
- Una fotocopia de la carta de cobertura actual;
- Una fotocopia de la verificación actual de la carta de beneficios.



Oregon
John A. Kitzhaber, MD, Governor

Department of Human Services
McKenzie Center
2885 Chad Drive
Eugene, OR 97408
Phone: (541) 686-7878

Date:
Name: John Doe
Address: 123 Main Street
Portland, OR 97202

Re: Verification of benefits received

Per your request, we are providing verification of benefits
Self Sufficiency Program:

☐ TANF (Cash Assistance)

5503 XXXXXX XX P2 ENG AT
PO BOX XXXX
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST

HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

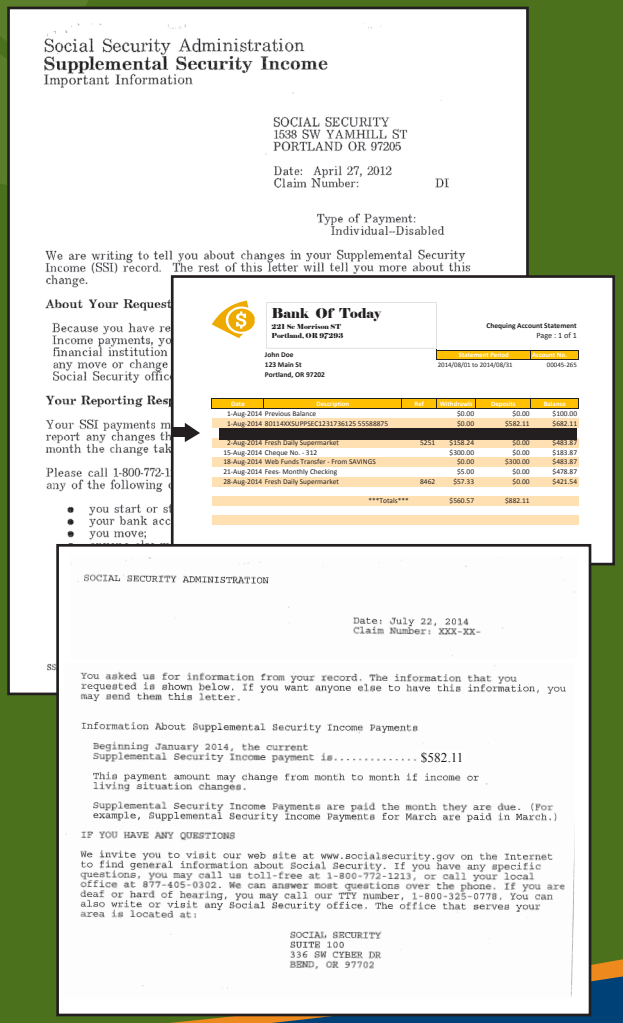
This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

Seguridad de ingreso suplementario (*Supplemental Security Income* o SSI)

Para reunir los requisitos para acceder a la tarifa de solicitud reducida de la SSI de $20, un paciente debe enviar una de las siguientes alternativas:

- Una fotocopia de la carta de determinación de la SSI;
- Una fotocopia de un estado de cuenta bancario (que contenga el nombre y el depósito directo de la SSI del paciente).



Social Security Administration
Supplemental Security Income
Important Information

SOCIAL SECURITY
1538 SW YAMHILL ST
PORTLAND OR 97205

Date: April 27, 2012
Claim Number: DI

Type of Payment:
Individual-Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) record. The rest of this letter will tell you more about this change.

About Your Request

Because you have re
Income payments, yo
financial institution
any move or change
Social Security offic

Your Reporting Resp

Your SSI payments m
report any changes th
month the change tak

Please call 1-800-772-1
any of the following

- you start or s
- your bank acc
- you move;

Bank Of Today
221 Sc Morrison ST
Portland, OR 97293

Chequing Account Statement
Page : 1 of 1

John Doe
123 Main St
Portland, OR 97202

Statement Period	Account No.
2014/08/01 to 2014/08/31	00045-265

Date	Description	Ref	Withdrawal	Deposits	Balance
1-Aug-2014	Previous Balance		$0.00	$0.00	$100.00
1-Aug-2014	80114XXSUPPSEC123173612S 5558887S		$0.00	$582.11	$682.11
[redacted]					
2-Aug-2014	Fresh Daily Supermarket	5251	$138.24	$0.00	$483.87
15-Aug-2014	Cheque No. - 312		$300.00	$0.00	$183.87
18-Aug-2014	Web Funds Transfer - From SAVINGS		$0.00	$300.00	$483.87
21-Aug-2014	Fees- Monthly Checking		$5.00	$0.00	$478.87
28-Aug-2014	Fresh Daily Supermarket	8462	$57.33	$0.00	$421.54
	Totals		$560.57	$882.11	

SOCIAL SECURITY ADMINISTRATION

Date: July 22, 2014
Claim Number: XXX-XX-

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2014, the current
Supplemental Security Income payment is..... $582.11

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

IF YOU HAVE ANY QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-405-0302. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 100
336 SW CYBER DR
BEND, OR 97702