



Residency Verification

Client name: _____ Client number: _____

Only for clients who:

- a. Do not have a fixed address or are homeless; or
- b. Have a fixed address but no documentation.

a. No fixed address/homeless	b. Fixed address/no documentation
<input type="checkbox"/> I do not have a fixed address	<input type="checkbox"/> I have a fixed address and am unable to provide documentation
I am a living in the city of:	Please explain why you are unable to provide the required documentation
I most often stay at the following locations:	<i>(residing in transitional housing, not on a rental agreement, etc.):</i>
	Residential address:
Mailing address:	Mailing address <i>(if different than residential):</i>

I am a resident of Oregon and all statements regarding my housing status are true. I understand that false or misleading information may result in my benefits ending with the Oregon Health Authority (OHA), Human Immunodeficiency Virus (HIV) Care and Treatment programs include CAREAssist.

Client signature

Date