

## Oregon ContraceptiveCare Enrollment Form

(If you have any questions when filling out this form, please ask clinic staff for help.)

**Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you.**

Examples of what CCare will pay for:		Examples of what CCare will NOT pay for:	
<ul style="list-style-type: none"> <li>Your choice of birth control</li> <li>Yearly visits</li> <li>Emergency contraception</li> </ul>	<ul style="list-style-type: none"> <li>Counseling about birth control and preventing pregnancy</li> <li>Vasectomies</li> </ul>	<ul style="list-style-type: none"> <li>Treatment for STDs</li> <li>Treatment for bladder infections</li> </ul>	<ul style="list-style-type: none"> <li>Female sterilizations</li> <li>Pregnancy tests not related to birth control</li> </ul>

1 Legal last name(s)/surname(s): _____		First name: _____	MI: _____
2 Oregon address: _____		City: _____	ZIP: _____
3 Date of birth: _____ / _____ / _____	Do you have (choose one): <input type="checkbox"/> U.S. citizenship <b>OR</b> <input type="checkbox"/> Eligible immigration status (This information is only used to check eligibility for CCare and will not be shared.)		
4 Social Security Number: (If you are a teen and don't know your SSN, ask clinic staff for help.) _____ - _____ - _____			
5 Have you been sterilized for more than 6 months? (includes female sterilization, hysterectomy, vasectomy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Do you have the Oregon Health Plan (OHP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Do you have private health insurance (example: Kaiser, Blue Cross/Blue Shield)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If you have private health insurance are you worried your partner, spouse or parent will find out about the services you get today?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9 Household size based on tax filings:</b>			
If you file taxes and claim yourself, please count everyone you include/claim on your taxes, including yourself, spouse, child(ren) and/or any tax dependents, <b>OR</b>			_____
If someone else claims you on their taxes, please count everyone that person includes/claims on their taxes (including you), <b>OR</b>			_____
If you don't file taxes and no one claims you on their taxes, write/enter 1.			_____
<b>10 Your gross income (only include income for yourself):</b>			
<b>Income from jobs.</b> Please list how much money you think you will get from work this month <b>before any taxes or other money is taken out.</b> If you are self-employed, list your NET income. <b>AND</b>			_____
<b>Other income.</b> Please list any money you think you will get from sources other than a job this month (include unemployment, tips, alimony). <b>Do NOT include child support, veteran's payments or Supplemental Security Income (SSI).</b>			_____
			<b>Total:</b> <input type="text"/>

Language I speak: _____
Let us know if you need: <input type="checkbox"/> An interpreter <input type="checkbox"/> A sign language interpreter
<input type="checkbox"/> Written materials translated (what language):
<input type="checkbox"/> Materials in: <input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio tape <input type="checkbox"/> Computer disk <input type="checkbox"/> Oral presentation

11 If you are not registered to vote where you live now, would you like to register to vote today?  Yes  No  
 Applying to register, or declining to register, to vote will not affect the amount of assistance you will be provided by this agency.

I declare, under penalty of perjury, the information I gave is correct and complete to the best of my knowledge.

- I understand CCare pays for services related to birth control and if I get services that are not covered by CCare I may have to pay for those services.
- I understand and agree the information on this form and the information I gave to prove my identity and citizenship/immigrant status must be shared with the Oregon Health Authority to decide if I can get CCare.
- I understand I may be able to get primary care insurance, including the Oregon Health Plan, and where I can go to get help to enroll.
- I understand where I can go to get primary care services.
- I understand I have the right to a copy the Oregon Health Authority's Notice of Privacy Practices.

Client signature: \_\_\_\_\_

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

**For clinic staff only**

- 12 Agency #: \_\_\_\_\_ Clinic #: \_\_\_\_\_
- 13 Offered OHA Notice of Privacy Practices:  Yes
- 14 If requested, provided a voter registration card and assistance completing and submitting the form:  Yes
- 15 Explained what services are covered by CCare and discussed payment options for services not covered by CCare:  Yes
- 16 Provided health insurance enrollment information:  Yes  Not needed
- 17 Provided information on where to access primary care services:  Yes  Not needed

**CCare citizenship/immigration status and identity verification**

18 **U.S. citizenship**

Client provided proof of U.S. citizenship. Photocopy/scan of the original is placed in client's chart.

Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare eligibility database.

19 **Eligible immigration status**

Client provided proof of eligible immigration status. Photocopy/scan of the original is placed in client's chart.

Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare eligibility database. When the client provides the following applicable information, it must be entered into the database during the ROP.

Immigration document type: \_\_\_\_\_ Alien/USCIS # or I-94 #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Card # or passport #: \_\_\_\_\_

Country of issuance or SEVIS ID: \_\_\_\_\_

20 **Identity**

Client provided proof of identity. Photocopy/scan of the original placed in client's chart.

21 Client's income is \_\_\_\_\_% of the federal poverty level (FPL)

22 Staff name: \_\_\_\_\_ Date: \_\_\_\_\_ Client's CCare #: \_\_\_\_\_