

CCare Enrollment Form

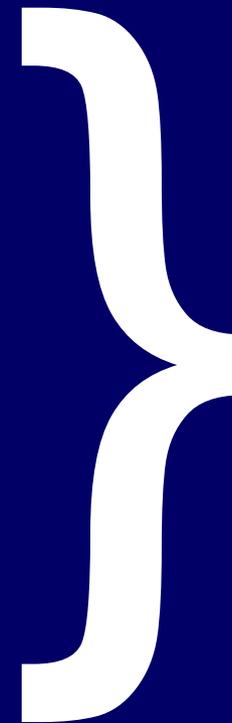
Oregon
Health
Authority

oregon contraceptive care

Medicaid waiver program that provides free reproductive health services & contraceptive supplies in order to prevent unintended pregnancy, for those who qualify.

Eligibility requirements:

- U.S. citizen, or eligible immigration status
 - Note: If a client has LPR status and is 19 or older they must have had LPR status for \geq 5 years
- Oregon resident
- Income \leq 250% FPL
- Reproductive capacity, but not seeking pregnancy or currently pregnant
- Not enrolled in OHP



Enrollment
Form

Enrollment Form

(available in [English](#) and [Spanish](#))

- Must be completed and signed:
 - By EVERY CCare client before receiving CCare services
 - Upon re-enrollment

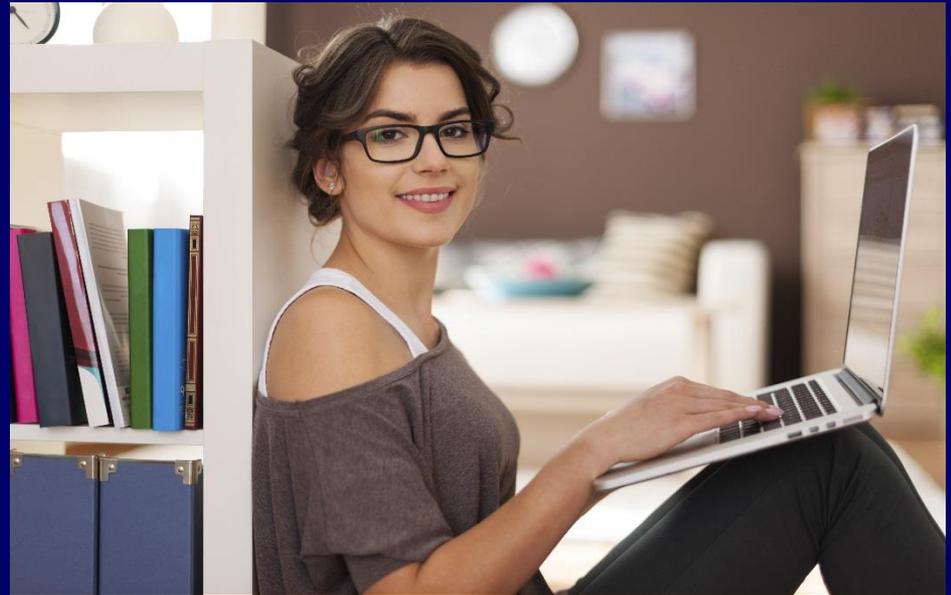


- Must be kept in client's file (scanned ok)

You have a new client, Magnificent (Maggie) Woman...

She has a new boyfriend and heard from a friend that she could get free birth control here.

She has private insurance through her parent who has strict beliefs about not using contraception. Maggie is concerned about what will happen if her parent finds out about her services today, so she wants her services to be confidential.



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">Your choice of birth controlYearly visitsEmergency contraception	<ul style="list-style-type: none">Treatment for STDsTreatment for bladder infections
<ul style="list-style-type: none">Counseling about birth control and preventing pregnancyVasectomies	<ul style="list-style-type: none">Female sterilizationsPregnancy tests not related to birth control

1 Legal last name(s)/surname(s): _____ First name: _____ MI: _____

2 Oregon address: _____ City: _____ ZIP: _____

3 Date of birth: ___/___/___ Do you have (choose one): U.S. citizenship OR 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? Yes No
(includes female sterilization, hysterectomy, vasectomy)

6 Do you have the Oregon Health Plan (OHP)? Yes No

7 Do you have private health insurance (example: Kaiser, Blue Cross/Blue Shield)? Yes 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? Yes No

9 Household size based on tax filings: _____
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, OR
If someone else claims you on their taxes, please count everyone that person includes/claims on their taxes (including you), OR
If you don't file taxes and no one claims you on their taxes, write/enter 1.

10 Your gross income (only include income for yourself): _____
Income from jobs. Please list how much money you think you will get from work this month before any taxes or other money is taken out. If you are self-employed, list your NET income. AND _____
Other income. Please list any money you think you will get from sources other than a job this month (include unemployment, tips, alimony). Do NOT include child support, veteran's payments or Supplemental Security Income (SSI). _____
Total: _____

Language I speak: _____

Let us know if you need: An interpreter A sign language interpreter

Written materials translated (what language): _____

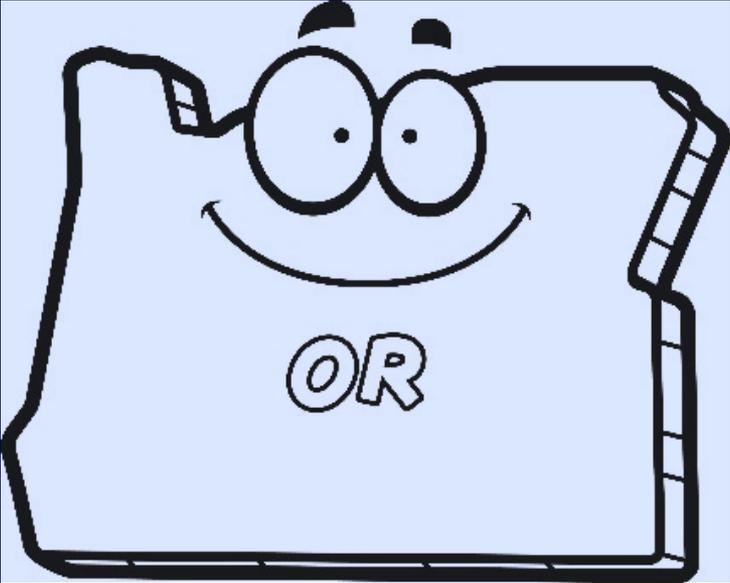
Materials in: Braille Large print Audio tape Computer disk Oral presentation

All fields required, except

- Middle Initial
- Language box

1	Legal last name(s)/surname(s): <i>Woman</i>	First name: <i>Magnificent</i>	MI: <i>E</i>
2	Oregon address: <i>4500 E. Klickitat Street</i>	City: <i>Pendleton</i>	ZIP: <i>97801</i>

Clients must be Oregon residents.

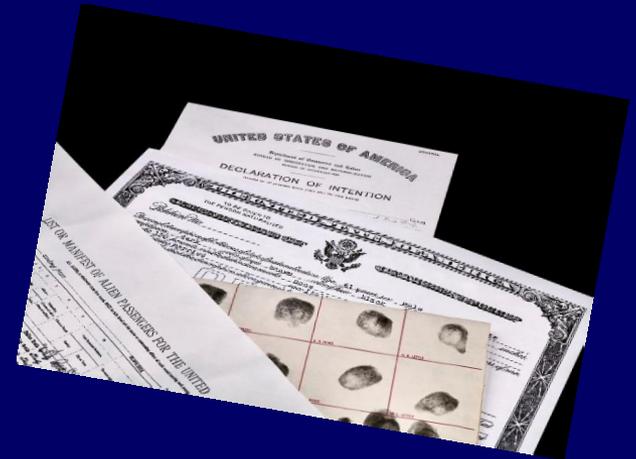


3 Date of birth:
12 / 23 / 2000

Do you have (choose one): U.S. citizenship OR Eligible immigration status
(This information is only used to check eligibility for CCare and will not be shared.)

Clients must be of reproductive age, and have either U.S. citizenship or eligible immigration status.

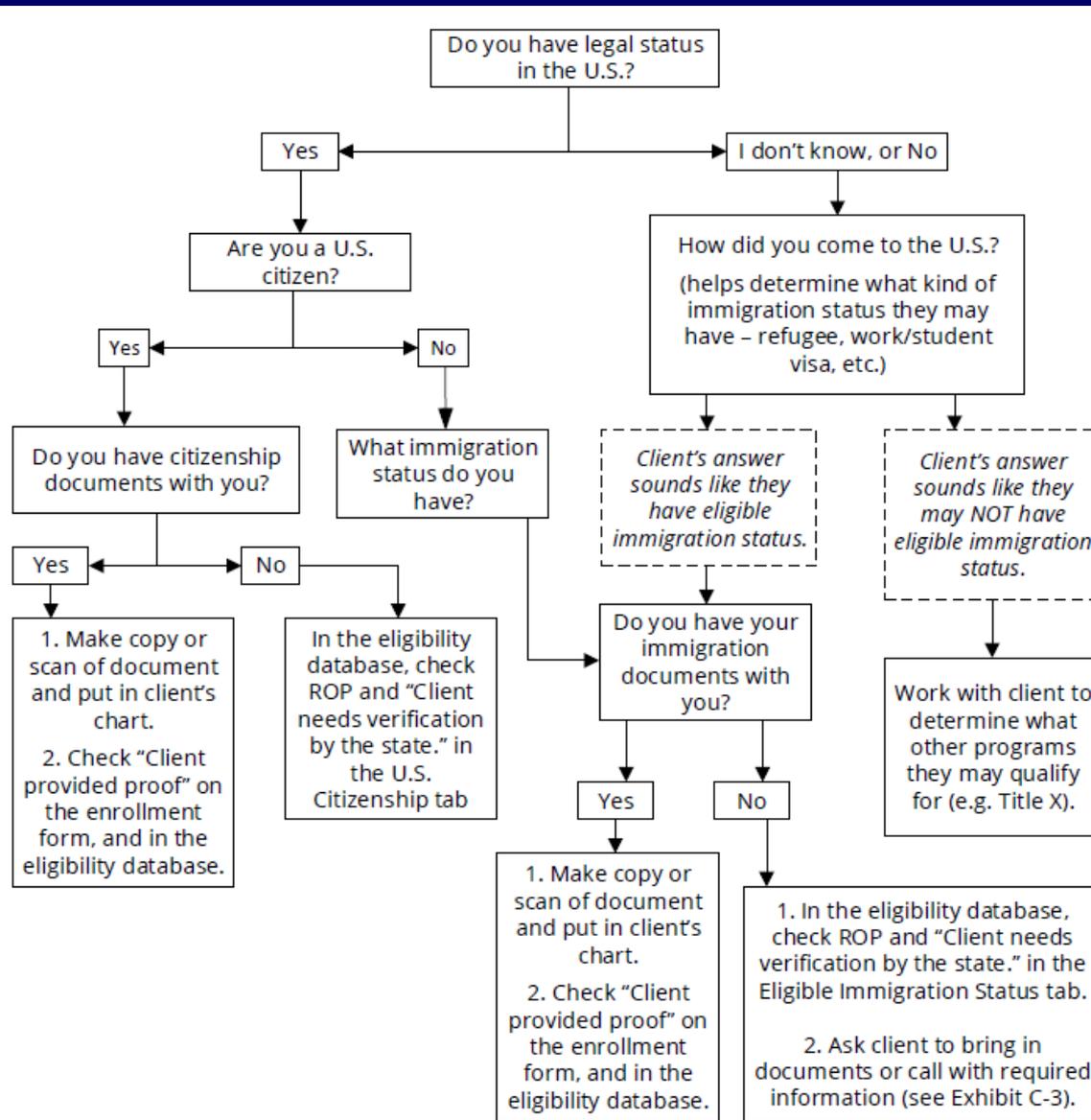
Eligible Immigration Status means an immigrant who eligible for medical coverage through Medicaid.
(See [Exhibit C-4](#) for common eligible immigration statuses)



How to Determine if Client has Eligible Immigration Status

(when they don't have their documents with them)

- Respect the client's privacy and hold the conversation in a private, comfortable room – often this is the exam room.
- Explain that you are just asking these questions to see if they are eligible for a program that will provide them free birth-control services.
- Assure them the information they provide is not shared with the INS, ICE, or State Department.
 - INS: U.S. Immigration & Naturalization Services
 - ICE: U.S. Immigration & Customs Enforcement
- Remain non-judgmental and compassionate
- Do NOT use words like “illegal” or “Dreamer”



IMPORTANT!

If a client is uncomfortable sharing information, do not pressure them.

If your agency operates Title X, see them under your Title X program.

If your agency does not operate Title X, use any other program(s) that may allow them to receive services without divulging citizenship or immigration information.

4 Social Security Number:

(If you are a teen and don't know your SSN, ask clinic staff for help.)

- # # - # # #

Valid Social Security # required

- If an adult doesn't know their SSN, refer them to the local SSA office.
 - Unfortunately, an adult who does not know their SSN may not enroll in CCare
- If a teen doesn't know their SSN, leave blank and check the box *Teen client (<19) cannot provide SSN* in the CCare Eligibility Database



CCare = prevention of unintended pregnancy

5 Have you been sterilized for more than 6 months?
(includes female sterilization, hysterectomy, vasectomy)

Yes No

Clients must be able to get pregnant or cause pregnancy



6 Do you have the Oregon Health Plan (OHP)?

Yes No

Clients may not have OHP and enroll in CCare.



CCare is a Medicaid waiver program, so if a client has OHP it would be considered “double-dipping” to use CCare as well.

Look in MMIS provider portal to verify clients’ enrollment status in OHP

- CCare coverage will be terminated automatically if a claim is submitted for a client enrolled in OHP
- Note: OHP can be billed in a way that allows services to remain confidential, if requested by the client

7 Do you have private health insurance (example: Kaiser, Blue Cross/Blue Shield)?

Yes No

Clients CAN have private health insurance and still sign up for CCare. CCare must be the payer of last resort, unless the client requests confidentiality.



- If a client has private insurance, collect their insurance information *unless they've requested confidentiality*
- If a client doesn't know if they have private insurance, work with them to find out *unless they've requested confidentiality*.

8 If you have private health insurance are you worried your partner, spouse or parent will find out about the services you get today?

Yes No

Any client with private insurance may request special confidentiality if they are concerned about their parent, spouse, or parent (i.e. policy holder) receiving information about their visit from their insurance company.



9 Household size based on tax filings:

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, OR

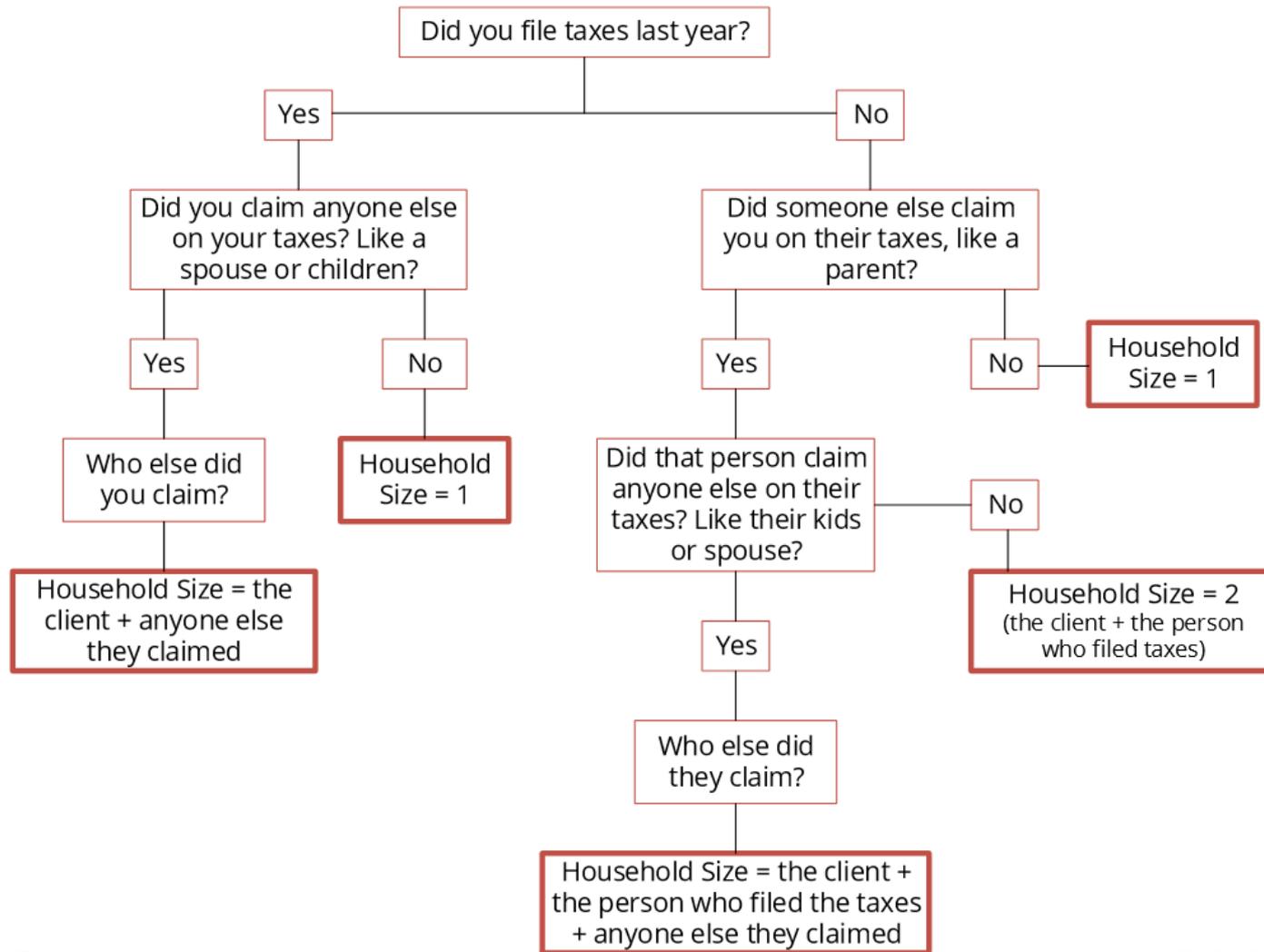
If someone else claims you on their taxes, please count everyone that person includes/claims on their taxes (*including you*), OR

If you don't file taxes and no one claims you on their taxes, write/enter 1.

Household Size is based on who is claimed on the same tax filing as the client.
This information is self-declared.



Determining Household Size for CCare



10 Your gross income (only include income for yourself):

Income from jobs. Please list how much money you think you will get from work this month before any taxes or other money is taken out. If you are self-employed, list your NET income. AND

0

Other income. Please list any money you think you will get from sources other than a job this month (include unemployment, tips, alimony). Do NOT include child support, veteran's payments or Supplemental Security Income (SSI).

0

Total:

0

All clients should just include their own income, and it must fall below 250% FPL.



Determining Income



- Help clients calculate income:
 - Ask what types of income they get, and determine which should be included based on list on next slide (also on pages C3-6 & D3-12 in Program Manual).
 - If client only knows what she brings home, multiply that amount by 1.15
 - Calculate the monthly sum if listed by hour or year

Included in Gross Income



- Salaries, wages, tips
- TANF/Disability
- Unemployment
- Social Security
- Common income deductions
 - taxes, social security, savings plans, dues
- Pensions, annuities
- Net investment income
- Royalties, commissions
- Net self-employment earnings
- Business profits
- Alimony

Not Included in Gross Income

- Grants
- Loans
- Tax refunds
- Savings withdrawals
- Receipts from sale of possessions
- Insurance policy maturity payments
- Payments for caring for foster children
- Lump sum compensation for injury or legal damage
- SNAP Benefits (food stamps)
- Veteran's payments
- Child support
- Worker's compensation
- SSI



Income Verification

- Each quarter, state RH Program staff electronically verify income with the Oregon Employment Department
- Clients found to be over-income are:
 - **Suspended** from CCare for 45 days, during which:
 - Claims for visits or supplies dispensed after the suspension date will be denied
 - Client's eligibility may be reinstated if client can explain the discrepancy to the clinic
 - **Terminated** if no resolution is found during the 45-day suspension period
 - If the client's situation has changed, or they feel the termination was an error, they may re-enroll by completing a new enrollment form



Language I speak: _____

Let us know if you need: An interpreter A sign language interpreter

Written materials translated (*what language*):

Materials in: Braille Large print Audio tape Computer disk Oral presentation

To ensure clients of all abilities are able to enroll in CCare and receive same-day services, try to accommodate clients' needs using systems already in place at the clinic.

The enrollment form can be provided in alternate formats, however, alternate formats are not immediately available.

11 If you are not registered to vote where you live now, would you like to register to vote today?
Applying to register, or declining to register, to vote will not affect the amount of assistance you
will be provided by this agency.

Yes No

The National Voters Registration Act (NVRA) requires all Medicaid programs to offer voter registration services to clients.

To register, clients must be:

- A resident of Oregon;
- At least 17 years old; and
- A U.S. citizen



11 If you are not registered to vote where you live now, would you like to register to vote today?
Applying to register, or declining to register, to vote will not affect the amount of assistance you
will be provided by this agency.

Yes No

YES – Clinic staff provide client with a voters registration card.

- Client may take the card home to fill out and mail
- Client may request clinic staff's help to fill out and mail

NO – The enrollment form serves an official declination.

- Clients for whom this question is not applicable, should just check "No"

Where can I find Voter Registration Forms & Policies?

Find NVRA information and materials on our website

www.healthoregon.org/rhmaterials

The screenshot shows the Oregon Health Authority website. The main navigation bar includes 'Public Health', 'Topics A to Z', 'Data & Statistics', 'Forms & Publications', 'News & Advisories', 'Licensing & Certification', 'Rules & Regulations', and 'Public Health Directory'. The left sidebar lists categories under 'Reproductive and Sexual Health', with 'Reproductive Health Provider Resources' selected. The main content area is titled 'Reproductive Health Provider Resources' and is divided into sections for 'All Providers', 'Title X Providers', and 'CCare Providers'. Under the 'CCare Providers' section, the link 'National Voters Registration Act (NVRA) Requirements' is circled in red. A 'Provider Quick Links' sidebar on the right contains links to various resources like the Program Manual, Administration Resources, and Medical Services Resources. At the bottom, a 'See Also' section lists 'Health Education Materials' and 'Counseling and Education Tools'.

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: Magnificent Woman

Date: 1/18/17

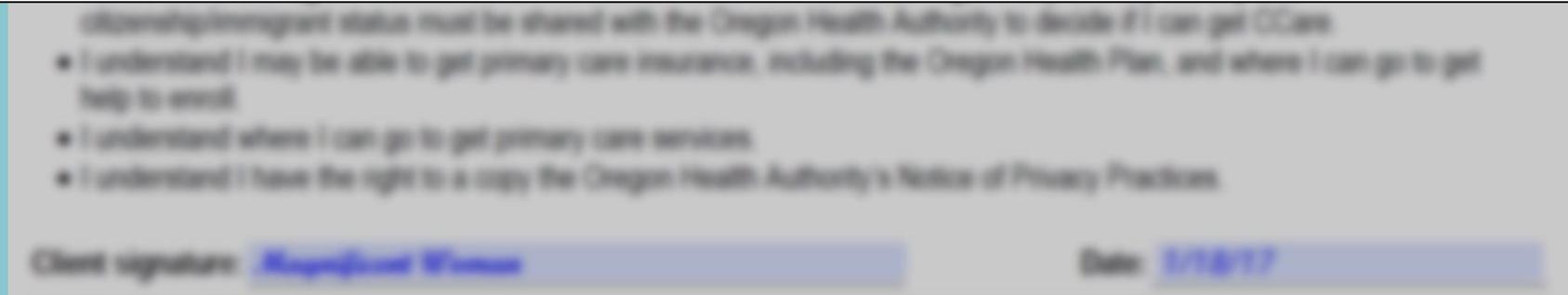
Client signature and date

- Once per year
- On or before the initial visit (not after)



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.



Explain to the client what CCare does and does not cover. Help the client figure out how services that are not covered by CCare would be paid for.



- 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.

Explain that the information they provide on the form is only used to determine if they qualify for CCare and is not shared with immigration agencies. Offer the client the SSN statement in [Exhibit C-11](#) which lets them know why and how their SSN is used.

Exhibit C-11

SOCIAL SECURITY NUMBER (SSN) STATEMENT

Federal laws (cited below) say that anyone applying for medical benefits must provide an SSN. When you write your SSN on the CCare Enrollment Form, it means that you give permission for DHS or OHA to use it and tell others about it for these reasons:

- To help us decide if you qualify for benefits. We will use the SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records, such as Internal Revenue Service, Department of Revenue, Medicaid, child support, Social Security, and unemployment benefits.
- To help us improve the programs by doing quality reviews and other activities.
- To make sure that the appropriate medical benefits are provided.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

DECLARACIÓN SOBRE NÚMERO DE SEGURO SOCIAL (SSN)

Las leyes federales (citadas a continuación) estipulan que toda persona que solicite beneficios médicos debe proporcionar un Número de Seguro Social (SSN, por sus siglas en inglés). Cuando usted escribe su SSN en el Formulario de Inscripción para CCare, significa que concede su permiso para que el DHS o la OHA utilice dicho número y lo den a conocer a otras entidades para los fines siguientes:

- Ayudar a determinar si usted reúne ciertos criterios para recibir beneficios. Utilizaremos su SSN para asegurarnos de que los ingresos y bienes que usted indicó en el formulario de inscripción sean los correctos. Compararemos dicha información con la de otros registros estatales o federales, tal como el Servicio de Impuestos Internos (Internal Revenue Service), el Departamento de Colecciones (Department of Revenue), Medicaid, manutención de los hijos, beneficios del Seguro Social y de desempleo.
- Ayudarnos a mejorar los programas mediante evaluaciones de la calidad y otras actividades.
- Cerciorarnos de que usted reciba los beneficios médicos adecuados.

Leyes federales – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.



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 both 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

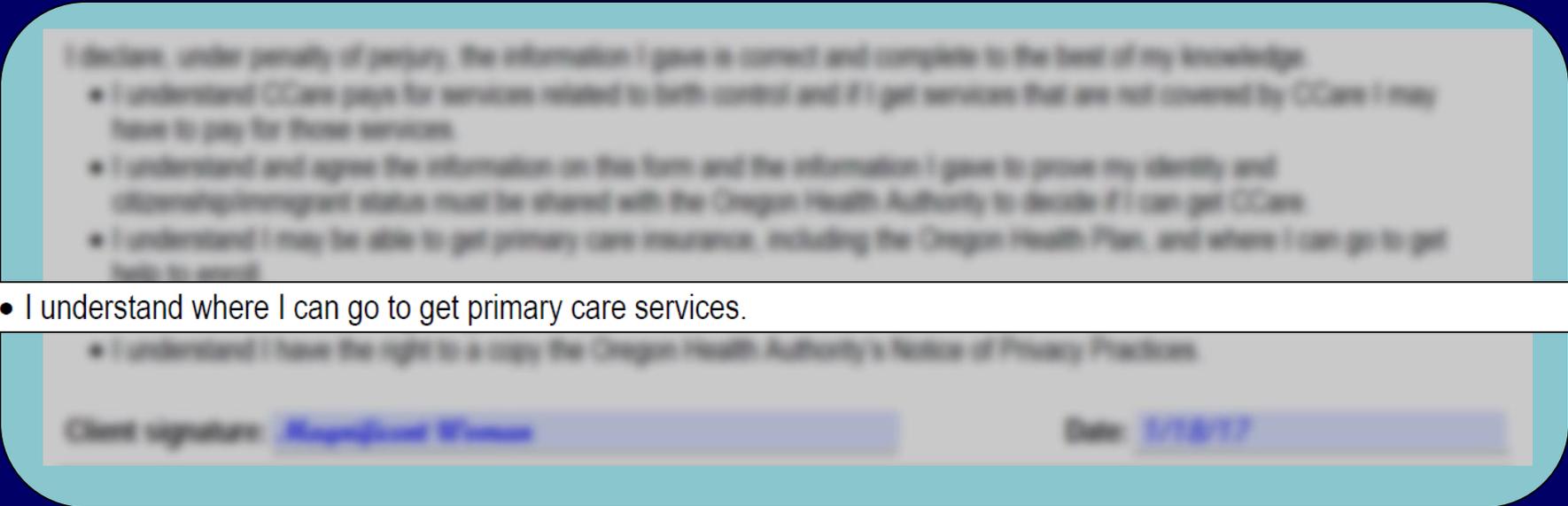
- I understand I may be able to get primary care insurance, including the Oregon Health Plan, and where I can go to get help to enroll.

- 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: Angelina Wilson Date: 3/18/17

Explain that CCare only pays for a limited kind of service, but they may be eligible for full-benefit insurance that will cover primary care, including OHP. Explain where they can go to get enrolled in full-benefit insurance.





Because CCare only pays for a limited kind of service, clients should know where they can go to get primary care. See [Exhibit C-12](#) of the Program Manual for an editable primary care referral brochure.

Exhibit C-12

Some services provided by Oregon **ContraceptiveCare** at public health clinics are:

- Your choice of birth control methods;
- Emergency contraception (EC);
- Vasectomy;
- Exam and pap smear as needed;
- Counseling and information about birth control, sexual health, and reproductive health.

Some services **not** covered by Oregon **ContraceptiveCare** include:

- Female sterilization;
- Bladder infection treatment;
- Prenatal care;
- Sexually transmitted disease (STD) treatment;
- Pregnancy testing for the Oregon Health Plan.

At primary care health clinics, you can get reproductive health care and other services like:

- Treatment for infections, rashes, and other conditions;
- Treatment for chronic conditions like diabetes or high blood pressure;
- Preventive care like immunizations, prenatal care, dental and vision screenings.

Look inside this brochure, ask CCare clinic staff, or call 211Info at 211 for a primary care provider in your area.

January 2013

You may qualify for health coverage through the programs listed below:

Oregon Health Plan (Adults) and Healthy Kids (Children and teens up to age 19)
1-800-699-9075

To get this brochure in a different format, call (971) 673-0355.

(Rev. January 2013)

Primary Care Information for CCare Clients

oregon**contraceptive**care
ccare.oregon.gov

Health

Exhibit C-12

- I declare, under penalty of perjury, the information I gave is correct and complete to the best of my knowledge.
- I understand OCare pays for services related to both control and if I get services that are not covered by OCare 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 OCare.
 - 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: *[Signature]*

Date: 3/18/17

All clients must be offered the OHA Notice of Privacy Practices.

Oregon Health Authority
 MEDICAL ASSISTANCE AND PREMIUM ASSISTANCE PROGRAMS

500 Summer St. NE, E-24 Salem, OR 97301
 Phone: 503-945-5780
 Email: dhs.privacyhelp@state.or.us
 www.oregon.gov/OHA/Pages/index.aspx

Your Information. Your Rights. Our Responsibilities. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» See page 2 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

» See page 3 for more information on these choices and how to exercise them

Our

We may use and share your information as we:



For clinic staff only

12	Agency #:	1111	Clinic #:	2222
13	Offered OHA Notice of Privacy Practices:		<input checked="" type="checkbox"/>	Yes
14	If requested, provided a voter registration card and assistance completing and submitting the form:		<input checked="" type="checkbox"/>	Yes
15	Explained what services are covered by CCare and discussed payment options for services not covered by CCare:		<input checked="" type="checkbox"/>	Yes
16	Provided health insurance enrollment information:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not needed
17	Provided information on where to access primary care services:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not needed

Agency # & Clinic # = Ahlers Agency & Clinic/Site numbers (see [Appendix A](#) for the list of CCare agencies and their corresponding agency and clinic numbers)

Check boxes help staff keep track of information they are required to provide or offer clients (see previous slides for explanations for each).

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.

Clients' U.S. citizenship or eligible immigration status, and their identity must be verified.

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.

When...	check box	and remember to...
Client provides proof (See Exhibit C-3 for a list of documents that prove U.S. citizenship)	"Client provided proof of U.S. citizenship."	Make a copy of the document for their medical record
Electronic verification needed	"Electronic verification by the state is required."	Check the box in the CCare Eligibility Database to indicate that the client is using the Reasonable Opportunity Period
Client's citizenship already verified in database	"Client provided proof of U.S. citizenship."	

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: _____

When...	check box	and remember to...
Client provides proof (See Exhibit C-3 for a list of documents that prove eligible immigration status)	"Client provided proof of eligible immigration status."	Make a copy of the document for their medical record
Electronic verification is needed	"Electronic verification by the state is required."	Write in the applicable immigration document information when the client provides it, and check the box in the CCare Eligibility Database to indicate that the client is using the Reasonable Opportunity Period
Client's immigration status is already verified in database	"Client provided proof of eligible immigration status."	

20 Identity



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

When...	check box	and remember to...
Client provides proof (See Exhibit C-3 for a list of documents that prove identity)	"Client provided proof of identity."	Make a copy of the document for their medical record
Client does not provide proof	Leave blank	Check the box in the CCare Eligibility Database to indicate that the client is using the Reasonable Opportunity Period. If the client does not provide proof of identity until after the ROP has expired, they must complete a new enrollment form.

U.S. Citizenship, Eligible Immigration Status & Identity Documentation for CCare Enrollment

(Exhibit C-3)

Exhibit C-3

U.S. Citizenship, Eligible Immigration Status, and Identity Documentation for CCare Enrollment

U.S. Citizenship	
Documents must be from highest tier possible. Documents must be certified originals or official agency-certified copies.	
Tier 1* *Also proves Identity	<input type="checkbox"/> Current U.S. Passport <input type="checkbox"/> Expired U.S. Passport (issued without limitation) <input type="checkbox"/> American Indian tribal enrollment card (for tribe located within the U.S.) <input type="checkbox"/> American Indian tribal certification of degree of American Indian blood (for tribe located within the U.S.) <input type="checkbox"/> Certificate of U.S. Citizenship (form N-600) <input type="checkbox"/> Certificate of Naturalization (form N-565)
Tier 2 - Must show date and U.S. place of birth	<input type="checkbox"/> U.S. Birth Certificate (recorded before age 5) issued by State, Commonwealth, Territory (Puerto Rico, Virgin Islands, Samoa, Guam, Northern Mariana Islands, Swain's Island) or local jurisdiction <input type="checkbox"/> Report of Birth Abroad of a U.S. Citizen (form FS-240) <input type="checkbox"/> Certification of Report of Birth / Certification of Birth Abroad (forms FS-1350 or 545) <input type="checkbox"/> U.S. Citizen I.D. Card (forms F-197 or 179) <input type="checkbox"/> U.S. Military record (form DD-214) <input type="checkbox"/> Northern Marianas I.D. Card (form I-873) <input type="checkbox"/> American Indian Card (form I-872, with classification KIC) <input type="checkbox"/> Final adoption decree showing child's name and U.S. place of birth <input type="checkbox"/> Evidence of civil service employment by the U.S. government before June 1, 1976
Tier 3 - Must show date and U.S. place of birth - Must have been created at least 5 years before CCare application date	<input type="checkbox"/> Hospital record, or extract of record, on official letterhead created at the time of the person's birth (not hospital souvenir "birth certificate") <input type="checkbox"/> Insurance record made within 5 years of the application date for an adult, or near the time of birth for a minor <input type="checkbox"/> Official religious record made within 3 months of person's birth showing DOB or person's age at time record was made (e.g. baptismal record) <input type="checkbox"/> Early school record showing person's name, date of admission, parent(s) names and places of birth
Tier 4 - Must show date and U.S. place of birth - Must have been created at least 5 years before CCare application date	<input type="checkbox"/> Federal or State Census Record (U.S. Census form BC-600) <input type="checkbox"/> Delayed U.S. public health record recorded more than 5 years after person's birth <input type="checkbox"/> U.S. State Vital Statistics official notification of birth registration <input type="checkbox"/> Admission papers from a nursing home, skilled care facility or other institution <input type="checkbox"/> Statement signed by a physician or midwife in attendance at time of birth <input type="checkbox"/> Medical (clinic, doctor, hospital) record, except immunization record <input type="checkbox"/> Seneca Indian census record <input type="checkbox"/> BIA Navaho census record <input type="checkbox"/> Roll of Alaska Natives (1971)
Homeless, amnesia victims or mentally impaired clients who cannot provide any of the above documents need ONE of these affidavits: <input type="checkbox"/> Affidavit by the client or other knowledgeable individual explaining why documentary evidence cannot be readily attained <input type="checkbox"/> Affidavits from at least two individuals (one not related to the client) who have personal knowledge of the event(s) establishing U.S. citizenship, explaining why documents are not available. Persons making these affidavits must have proven their own citizenship and identity.	

January 2017

Exhibit C-3

Exhibit C-3

U.S. Citizenship, Eligible Immigration Status, and Identity Documentation for CCare Enrollment

Eligible Immigration Status	
Common eligible immigration document types and the information needed for electronic verification. If the client brings in the document, copy or scan it into their chart and electronic verification is not needed (except for Foreign passport, see below).	
Document Type	Information Needed
Permanent Resident Card (I-551)	<input type="checkbox"/> Alien/USCIS # <input type="checkbox"/> Card # <input type="checkbox"/> Expiration Date
Employment Authorization Card (I-766)	<input type="checkbox"/> Alien/USCIS # <input type="checkbox"/> Expiration Date
Reentry Permit (I-327)	<input type="checkbox"/> Alien/USCIS # <input type="checkbox"/> Expiration Date
Refugee Travel Document (I-571)	<input type="checkbox"/> Alien/USCIS # <input type="checkbox"/> Passport # <input type="checkbox"/> Expiration Date <input type="checkbox"/> Country of issuance
Machine Readable Immigrant Visa (with temporary I-551 language)	<input type="checkbox"/> I-94 # <input type="checkbox"/> Expiration Date <input type="checkbox"/> SEVIS ID
Temporary I-551 Stamp (on passport or I-94/I-94A)	<input type="checkbox"/> I-94 # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance <input type="checkbox"/> SEVIS ID
Arrival/Departure Record (I-94/I-94A)	<input type="checkbox"/> I-94 # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance <input type="checkbox"/> SEVIS ID
Arrival/Departure Record in unexpired foreign passport (I-94)	<input type="checkbox"/> Passport # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance <input type="checkbox"/> SEVIS ID
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	<input type="checkbox"/> Passport # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance <input type="checkbox"/> SEVIS ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	<input type="checkbox"/> Passport # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance
Foreign passport (unexpired)* * Copy/scan of foreign passport is not sufficient to verify eligible immigration status. Document information must be entered for state verification of immigration status.	<input type="checkbox"/> Passport # <input type="checkbox"/> Expiration date <input type="checkbox"/> Country of issuance

Proof of Identity
Must include a photo or identifying information.
<input type="checkbox"/> Current U.S. Passport <input type="checkbox"/> Expired U.S. Passport (issued without limitation) <input type="checkbox"/> American Indian tribal enrollment card (for tribe located within the U.S.) <input type="checkbox"/> American Indian tribal certification of degree of American Indian blood (for tribe located within the U.S.) <input type="checkbox"/> Certificate of U.S. Citizenship (form N-600) <input type="checkbox"/> Certificate of Naturalization (form N-565) <input type="checkbox"/> State's driver's license <input type="checkbox"/> Federal, state, or local ID <input type="checkbox"/> School ID <input type="checkbox"/> U.S. Military card or draft record <input type="checkbox"/> U.S. Coast Guard Merchant Mariner card <input type="checkbox"/> Other (Documents that provide proof of eligible immigration status may also be used to prove identity if they include a photograph of the client.)

January 2017

Exhibit C-3

21 Client's income is 0 % of the federal poverty level (FPL)

22 Staff name: Alison Babich

Date: 1/18/17

Client's CCare #: 111111

Clients' income must fall below 250% of the FPL.

Staff name and date are required for audit purposes.

Clients' CCare #s are generated by the CCare Eligibility Database when the information from the Enrollment Form is entered and the client meets eligibility requirements (using Reasonable Opportunity Period is ok).

Eligibility – Re-enrollment

- Fill out a new enrollment form every year
- Clients may re-enroll at supply-only visit
- Ask if insurance information has changed



Provider Resources on Website

<http://www.healthoregon.org/rhmaterials>

- ▶ Program Manual
- ▶ RH Program Newsletter
- ▶ Provider Trainings
- ▶ Provider Resources
 - ▶ Program Administration
 - ▶ Medical Services
 - ▶ CCare-Specific
 - ▶ Title X-Specific
 - ▶ Client-Centered Care

The screenshot displays the Oregon Health Authority website's 'Reproductive Health Provider Resources' page. The page features a navigation menu with categories like 'Topics A to Z', 'Data & Statistics', 'Forms & Publications', 'News & Advisories', 'Licensing & Certification', 'Rules & Regulations', and 'Public Health Directory'. The main content area is titled 'Reproductive Health Provider Resources' and is organized into sections for different provider types: 'For All Providers', 'For Title X Providers', and 'For CCare Providers'. Each section lists specific resources such as manuals, administrative guides, medical services, and educational materials. A 'Provider Quick Links' sidebar on the right provides direct access to the Program Manual, Administration Resources, Medical Services Resources, Provider Trainings, Program Newsletter, and Order Health Education Materials. A 'Contact Us' sidebar includes the Clinic Directory and Reproductive Health Staff. A 'See Also' section at the bottom lists Health Education Materials and Counseling and Education Tools. A 'Ready to Quit Tobacco?' banner is visible in the lower-left corner of the page.

Thank you!

Please contact us with any questions.

alison.a.babich@state.or.us

971-673-0227

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Authority**