



# Request Form for the Oregon Health Plan (OHP) Housing Benefit

## Part of the Health-Related Social Needs (HRSN) Benefit

### Purpose

This is a request form for Oregon Health Plan (OHP) members that may qualify for the housing benefit. This benefit can help you stay housed. The housing benefit includes:

- Help with rent payments
- Tenancy support (help getting resources and services for renters)
- Home changes for health and safety

The questions on the next pages will help you know if you are eligible and the type of help with housing you could receive.

### If you are a Coordinated Care Organization (CCO) Member:

You can request this housing benefit directly from your CCO. Check for your CCO's request form (<https://www.oregon.gov/oha/HSD/OHP/Pages/Housing.aspx>) or connect with your CCO (<https://www.oregon.gov/oha/hsd/ohp/pages/cco-plans.aspx>). This may help speed up the process. Your CCO will reach out to you if more information is needed and then the CCO will approve or deny services.

### If you have Open Card:

Send the completed form to Acentra Health by email [ORHRSN@Acentra.com](mailto:ORHRSN@Acentra.com) or fax it to 1-833-551-2607. You can also call Acentra Health's HRSN team at 888-834-4304.

If you don't know if you are a CCO member or have open card:

- Check your ID card. You should have received an ID card from your health plan that will have its name and your member ID on the front.
- Call OHP Client Services at 1-800-273-0557.

## Questions?

- CCO members: Ask your CCO (<https://www.oregon.gov/oha/HSD/OHP/pages/coordinated-care-organizations.aspx>) how to request housing services.
- You can call OHP Client Services at 1-800-273-0557.
- If you are in open card (Acentra Health), you can call 888-834-4304.

This form is available on the HRSN webpage (<https://www.oregon.gov/oha/HSD/OHP/Pages/Climate-Supports.aspx>) in multiple languages. You can also get this document in other languages, large print, braille or a format you prefer free of charge. Contact Chelsea Egbert at [chelsea.egbert@oha.oregon.gov](mailto:chelsea.egbert@oha.oregon.gov) or 503-580-0295 (voice and text). We accept all relay calls.

**The next section is required to request the OHP housing benefit. You will also need to sign on [page 4](#). The rest of the information is optional.**

## Section 1: About you

### Required information\*

Please provide all information in this section.

This section is required to request the OHP housing benefit. You will also need to sign on [page 4](#). The rest of the information is optional.

**Name**

(as written on Oregon Health Plan ID card)\*:

**Date of birth**

(mm/dd/yyyy)\*:

**Oregon Health Plan ID number**

(if known)\*:

**The best way to contact me is:**

Call

Text

Email

Mail

In person

**The best time to contact me is:**

Morning

Afternoon

Evening

**Phone number\*:** \_\_\_\_\_ **Email address\*:** \_\_\_\_\_

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

**City\*:** \_\_\_\_\_ **State\*:** \_\_\_\_\_ **Zip\*:** \_\_\_\_\_

**I want/need (check all that apply):**

Help paying rent for up to six months (including late payments and utilities)

Changes to my home for health and safety. This includes (check all that apply):

Adding grab bars, wheelchair ramps or drawer pulls

Deep cleaning

Getting rid of pests

Installing window blinds

Tenancy support (help getting resources and services that will help me stay housed)

## Section 2: Statement of truth

### By signing this form, I understand and agree that:

- I want Acentra Health or my CCO to find out if I qualify for the services I marked above.
- Acentra Health or my CCO may contact me to get more information about this request.
- To the best of my knowledge, all the information I gave in this request is true, correct, and complete.
- If I give information that is not true I may have penalties under state or federal law. This may include paying back money spent on any services I get because of this request.

### Signature

A representative may sign this form for an OHP member, including members younger than age 18. Leave the representative name and signature lines below blank if you are filling this form out for yourself.

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

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

Representative's name: \_\_\_\_\_

Representative's signature: \_\_\_\_\_

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

## Section 3: More about you

### Optional information

You don't have to fill out the below information right now.

**If you do:**

It will help you and your CCO or Acentra Health know if you qualify for these services.

**If you don't:**

Your CCO or Acentra Health will contact you to ask these questions later.

Preferred name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Preferred spoken language: \_\_\_\_\_

Preferred written language: \_\_\_\_\_

If known, enter name of (CCO) or enter "open card" if you have open card:

\_\_\_\_\_

## Section 4: Find out if you qualify

The following questions help determine whether you qualify for the housing benefits described above.

The below circumstances may qualify you for housing benefits (check all that apply to you):

I have housing

I have a health condition that requires me to make a fix to my home (see health condition and history below)

I am experiencing one of these life situations (check all that apply):

Leaving incarceration (jail, detention, etc.)

Recently left a mental health or substance use recovery facility

In the Oregon child welfare system (foster care) now or in the past

Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare

Have a household income that's 30% or less of the average yearly income where you live **and** you must lack resources or support to prevent homelessness. You can find a table listing qualifying incomes online at <https://www.oregon.gov/oha/HSD/OHP/Tools/HRSN-Housing-Income-Limits.pdf>.

Being a young adult with special health care needs

### Health conditions and history (check all that apply):

I have a complex physical health condition

I have a complex behavioral health condition

I have a developmental or intellectual disability

I have a difficulty with self-care and daily activities

I have experienced of abuse or neglect

I use the use of emergency room or crisis services often

I'm currently pregnant or gave birth in the past 12 months

I'm 65 years or older

The person I am filling this out for is under age 6 years old

I'm not sure

None of the above

## To qualify for the Help Paying For Rent Benefit or the Tenancy Support Benefit, here are the requirements (check all that apply)

I have housing

I have support staying in my current housing

I have a lease or written agreement with the person I'm renting from (landlord)

I have a household income that is 30% or less than the average yearly income where I live. You can find a table listing qualifying incomes online at <https://www.oregon.gov/oha/HSD/OHP/Tools/HRSN-Housing-Income-Limits.pdf>.

I lack resources or support to prevent homelessness

I have a health condition from the above list

I'm not sure

None of the above

Please keep in mind that your application may take up to two weeks to be reviewed and, if approved, more time to receive the service.

## What describes your situation now?

My landlord has given me an eviction notice, and I need support in less than two weeks

I don't have an eviction notice, but my bills are due in less than two weeks

I'm not sure

None of the above

## Section 5: Organization information

If an organization is submitting this form for the member, complete the information below.

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

Name and role of person submitting form:

\_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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### Medicaid Division

1115 Waiver Strategic Operations  
800 NE Oregon Street  
Portland, OR 97232

Website: <https://www.oregon.gov/oha/hsd/medicaid-policy/pages/hrsn.aspx>



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