



Residency Verification

Client name: _____ Client number: _____

Client email: _____

Only for clients who:

- A. Do not have a fixed address or are homeless; **OR**
- B. Have a fixed address but no documentation.

Choose one option (A or B) in the table below and explain:

A. <input type="checkbox"/> I do not have a fixed address:
I am living in the city of:
I most often stay at the following locations:
Mailing address:
B. <input type="checkbox"/> I have a fixed address and am unable to provide documentation:
Please explain why you are unable to provide the required documentation (<i>residing in transitional housing, not on a rental agreement, etc.</i>):
Residential 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

Secure submission

This form may contain your personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. You can use the ODHS/OHA secure email system to safely submit your form to CareAssist. To get access to the secure email system, contact us at care.assist@dhsoha.state.or.us or go to <https://apps.state.or.us/forms/served/me3702.pdf> to learn how to sign up for an account.