

## OHOP Referral Addendum

This form is required along with supporting documentation and a new referral when a client has been previously terminated from OHOP as a result of program violations.

Clients terminated for the first time must wait 6 months from the date of termination to reapply, or 12 months if this is not the first termination.

The client statement should address the reason they were terminated as well as progress they have made since the termination, or a plan to increase stability in housing.

Client name: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

### Section 1 — Client statement:

In the space below, please summarize the positive changes you have made since program termination that would result in your ability to meet program expectations and housing stability.

I verify that all statements regarding my progress are true, and understand that false, misleading, or incomplete information may result in being denied from the OHOP program.

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

\_\_\_\_\_  
Date

## Section 2 — Third-party references:

Attach three individual third-party references supporting your enrollment in the OHOP program and / or substantiating information provided in Section 1 above. Reference letters must include a legible name, title (when applicable), and contact information.

References may include, but are not limited to:

- A letter from your mental health provider
- A letter from your parole officer
- A letter from your case manager
- A certificate of completion from a rent education class
- Documentation of successful completion of treatment

## Section 3 — OHOP use only:

### OHOP program certification

This addendum \_\_\_\_\_ additional documentation to make an eligibility decision. Based upon the information provided by the client listed above, and accompanying third-party documentation, I find this client to be \_\_\_\_\_ for assistance.

\_\_\_\_\_  
Lead Housing Coordinator signature

\_\_\_\_\_  
Date

### OHA Non-Discrimination Policy

If you believe you have been discriminated against, contact the Office of Equity and Inclusion:

- Web: [www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)
- Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)
- Phone: 1-844-882-7889, 711 TTY
- Mail: Office of Equity and Inclusion Division 421 SW Oak St., Suite 750, Portland, OR 97204

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Housing Opportunities in Partnership (OHOP) at 971-673-0144 or email [Stacey.R.Thorup@dhsoha.state.or.us](mailto:Stacey.R.Thorup@dhsoha.state.or.us). We accept all relay calls or you can dial 711.