

## Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer. Contact the RH Program at [rh.program@dhsosha.state.or.us](mailto:rh.program@dhsosha.state.or.us) or 971-673-0355. We accept all relay calls or you can dial 711. You can also request free interpreter services.

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s):	Legal first name:	MI:
2	Date of birth:	Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Optional: What is your gender identity?
3	Please write your City and ZIP:		

4	<p>Can you get pregnant <b>OR</b> get someone else pregnant? <b>If you answer no, please stop and talk to clinic staff.</b></p> <p><input type="checkbox"/> Yes, or I think so</p> <p><input type="checkbox"/> Yes, but I'm using birth control</p> <p><input type="checkbox"/> No, I've been through menopause</p> <p><input type="checkbox"/> No, I've had surgery (for example, tubes tied, vasectomy)</p> <p><input type="checkbox"/> No, other</p>	<p><b>If you answer no, please stop and talk to clinic staff</b></p>
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**You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.**

5	<p>If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have:</p> <p><input type="checkbox"/> U.S. Citizenship or U.S. National Status</p> <p><input type="checkbox"/> Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years <u>and</u> 19 or older)</p> <p><input type="checkbox"/> Another Status <b>(SKIP TO QUESTION 7)</b> (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years <u>and</u> 19 or older)</p>
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6	<p>If you checked <b>U.S. Citizen/National Status or Eligible Immigration Status</b> above, please: Write your Social Security Number.</p> <p><input type="checkbox"/> My Social Security Number is: _____</p> <p><input type="checkbox"/> I don't know it, or I don't have one</p> <p>Write your Oregon mailing address:</p> <p><input type="checkbox"/> My Oregon mailing street address is: _____</p> <p><input type="checkbox"/> I do not live in Oregon</p>
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7	<p>Do you have private health insurance (from your work or school, or from a parent or spouse)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <b>(SKIP TO QUESTION 9)</b></p>
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8	<p>If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance.</p> <p>Are you ok with us billing your insurance?</p> <p><input type="checkbox"/> Yes, you can bill my insurance</p> <p><input type="checkbox"/> No, I'm worried about the person who pays for my insurance finding out about my visit</p>
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9	<p>Do you have your own income?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <b>(SKIP TO QUESTION 11)</b></p>
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10	<p>If you have your own income, please list how much you think you will get this month from:</p> <p style="text-align: center;"><b>Jobs before taxes or other money is taken out</b> _____</p> <p style="text-align: center;"><b>AND</b></p> <p style="text-align: center;"><b>Other sources like tips or unemployment (do not include child support, veteran's payments, or Supplemental Security Income (SSI))</b> _____</p> <p style="text-align: right;"><b>Total</b> _____</p>
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11	<p>Do you file taxes?</p> <p><input type="checkbox"/> Yes. How many people do you put on your taxes? _____ (must be at least 1)</p> <p><input type="checkbox"/> No, someone else includes me on their taxes. How many people do they put on their taxes? _____ (must be at least 2)</p> <p><input type="checkbox"/> No, and no one puts me on their taxes.</p>
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12	<p>If you are a U.S. citizen, do you want to register to vote today?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Not Applicable</p>
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### Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your 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.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

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

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

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

**Client signature:** \_\_\_\_\_ **Today's date (MM/DD/YY):** \_\_\_\_\_

### FOR CLINIC STAFF: Requirements Tracking

Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:
*Offered OHA Notice of Privacy Practices.		<input type="checkbox"/> Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		<input type="checkbox"/> Yes
Gave information on where to access primary care services.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Gave health insurance enrollment information.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed

## RH Access Fund Demographic Questions

**These questions are optional.** The answers to these questions do not impact whether you are eligible for the RH Access Fund. We ask these questions to make sure that everyone receives the highest quality care and the best service. We also use this information to address differences in care. If you do not want to answer these questions, please check, “Don’t want to answer.”

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

1	<p>In what language do you want us to: <b>You can request free interpreter services.</b></p> <p><b>Communicate with</b> you in person, on the phone, or virtually: _____</p> <p><b>Write</b> to you: _____</p> <p><input type="checkbox"/> Don’t want to answer (<i>English will be listed</i>) <b>(if both answers are English, skip to question 3)</b></p>
2a	<p>Do you need or want an interpreter for us to communicate with you?</p> <p><input type="checkbox"/> No <b>(skip to question 3)</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Don’t know</p> <p><input type="checkbox"/> Don’t want to answer</p>
2b	<p>If you need or want an interpreter, what type of interpreter do you prefer?</p> <p><input type="checkbox"/> Spoken language interpreter</p> <p><input type="checkbox"/> American Sign Language (ASL) interpreter</p> <p><input type="checkbox"/> Deaf Interpreter for DeafBlind and with additional barriers</p> <p><input type="checkbox"/> Contact sign language (PSE) interpreter</p> <p><input type="checkbox"/> Other (please list): _____</p>
3	<p>How well do you speak English?</p> <p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Don’t know or unknown</p> <p><input type="checkbox"/> Don’t want to answer</p>
4	<p>How do you identify your race or ethnicity, tribal affiliation, country of origin, or ancestry? (for example, your parents’ ancestry, tribal membership)</p> <p>_____</p> <p><input type="checkbox"/> Don’t want to answer</p>

## RH Access Fund Demographic Questions

5	<p>Which of the following describes your <b>racial or ethnic identity</b>? Check <b>ALL</b> that apply.</p>		
	<p><b>Hispanic or Latino/a/x</b></p> <p><input type="checkbox"/> Central American</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> South American</p> <p><input type="checkbox"/> Other Hispanic or Latino/a/x</p> <p><b>Native Hawaiian or Pacific Islander</b></p> <p><input type="checkbox"/> Chamoru (Chamorro)</p> <p><input type="checkbox"/> Marshallese</p> <p><input type="checkbox"/> Communities of the Micronesia Region</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander</p> <p><b>White</b></p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Slavic</p> <p><input type="checkbox"/> Western European</p> <p><input type="checkbox"/> Other White</p>	<p><b>American Indian or Alaska Native</b></p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis, or First Nations</p> <p><input type="checkbox"/> Indigenous Mexican, Central American, or South American</p> <p><b>Black or African American</b></p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Afro-Caribbean</p> <p><input type="checkbox"/> Ethiopian</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Other African (Black)</p> <p><input type="checkbox"/> Other Black</p> <p><b>Middle Eastern or Northern African</b></p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Northern African</p>	<p><b>Asian</b></p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Communities of Myanmar</p> <p><input type="checkbox"/> Filipino/a</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p><b>Other categories</b></p> <p><input type="checkbox"/> Other, please list: _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Don't want to answer</p>
6	<p>If you checked <b>more than one</b> category above, is there one you think of as your primary racial or ethnic identity?</p> <p><input type="checkbox"/> Yes. Please circle your primary racial or ethnic identity above.</p> <p><input type="checkbox"/> No. I do not have just one primary racial or ethnic identity.</p> <p><input type="checkbox"/> No. I identify as Biracial or Multiracial.</p> <p><input type="checkbox"/> N/A. I only checked one category above.</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Don't want to answer</p>		
7a	<p>Are you a member of a federally recognized tribe?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify which tribe(s): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Don't want to answer</p>		
7b	<p>Are you eligible, as an American Indian or Alaska Native, to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Health Program?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Don't want to answer</p>		

## RH Access Fund Demographic Questions

8	<p>Because of a physical, mental, or emotional condition, do you have serious difficulty:</p> <p><b>A) Concentrating, remembering, or making decisions?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____</p> <p style="padding-left: 20px;">If yes, do you have difficulty making medical decisions?</p> <p style="padding-left: 40px;"><input type="checkbox"/> No</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes, if you have difficulty making medical decisions, please talk to your health care provider.</p> <p style="padding-left: 40px;"><input type="checkbox"/> Don't know</p> <p style="padding-left: 40px;"><input type="checkbox"/> Decline/don't want to answer</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Decline or don't want to answer</p>	<p><b>B) Doing errands alone such as visiting a doctor's office or shopping?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Decline or don't want to answer</p>
9	<p>Are you deaf, or do you have serious difficulty hearing?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
10	<p>Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
11	<p>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
12	<p>Do you have serious difficulty walking or climbing stairs?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
13	<p>Do you have difficulty dressing or bathing?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
14	<p>Do you have serious difficulty learning how to do things most people your age can learn?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	
15	<p>Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?</p> <p><input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Don't know</span></p> <p><input type="checkbox"/> Yes. At what age did this condition begin? _____ <span style="float: right;"><input type="checkbox"/> Don't want to answer</span></p>	