

Program	Branch	Case Number	Worker ID
Case Name			

## Medical Resources

**Return the completed form and copies of insurance cards (*front and back*) to the Department of Human Services (DHS). DHS will Fax to HIG at (503) 373-0358**

**For each *Insurance Policy*, complete a section.**

*If you have Insurance available through your employer, but are not yet enrolled, contact your local DHS office before enrolling.*

<b>People</b>	List of People Covered by the Policies.	
	Name	Name

<b>Medical</b>	Complete below for the Medical policy.		
	Policy Holder Information		
	Name:	SSN:	DOB:
	Insurance Company Information		
	Name	Address	
	Phone (   )	City, State, Zip	
	Group/Health Record Number	Policy/I.D. Number	
	Date Insurance available:	Date Insurance no longer available:	
	Employer Information		
	Name	City, State	Phone Number (   )

<b>Pharmacy</b>	Complete below for the Pharmacy policy.		
	Policy Holder Information		
	Name:	SSN:	DOB:
	Insurance Company Information		
	Name	Address	
	Phone (   )	City, State, Zip	
	Group/Health Record Number	Policy/I.D. Number	
	Date Insurance available:	Date Insurance no longer available:	

**For additional *Insurance Policies*, complete a section on page 2.**

<b>Dental</b>	<b>Complete below for the Dental policy.</b>		
	<b>Policy Holder Information</b>		
	Name:	SSN:	DOB:
	<b>Insurance Company Information</b>		
	Name	Address	
	Phone (    )	City, State, Zip	
	Group/Health Record Number	Policy/I.D. Number	
Date Insurance available:	Date Insurance no longer available:		

<b>Vision</b>	<b>Complete below for the Vision policy.</b>		
	<b>Policy Holder Information</b>		
	Name:	SSN:	DOB:
	<b>Insurance Company Information</b>		
	Name	Address	
	Phone (    )	City, State, Zip	
	Group/Health Record Number	Policy/I.D. Number	
Date Insurance available:	Date Insurance no longer available:		

<b>Long Term Care (LTC)</b>	<b>Complete below for the Long Term Care (LTC) policy.</b>		
	<b>Policy Holder Information</b>		
	Name:	SSN:	DOB:
	<b>Insurance Company Information</b>		
	Name	Address	
	Phone (    )	City, State, Zip	
	Group/Health Record Number	Policy/I.D. Number	
Date Insurance available:	Date Insurance no longer available:		

**Comments:** Good cause for not pursuing health insurance asset:  safety concerns  
 insurance not available locally  other

The person(s) listed above are required to have a Social Security Number (SSN), under 42 USC 1396b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910-920, 42 CFR 457.340(b) and OAR 461-120-0210. The number must be made part of your case record. DHS will use your SSN to help decide if you are eligible for benefits. Your SSN will be used to verify your income, other assets, and to match with other state and federal records such as IRS, Medicaid, child support, Social Security and Unemployment benefits. DHS may use your SSN to prepare aggregate information or reports requested by funding sources for the program you apply for or receive benefits from. DHS may use or disclose your SSN if it is needed to operate the program you apply for or receive benefits from; to conduct quality assessment and improvement activities; to verify the correct amount of payments and recover overpaid benefits; and to make sure nobody gets benefits in more than one household.