

# Outreach Facility Form Order Sheet

<b>Facility Name</b>	<b>Facility Code</b>	<b>Phone</b>	<b>Ordered by:</b>
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**☛ Languages Use 1 order sheet per language.**

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |

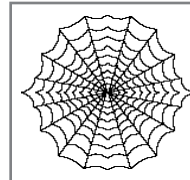
**Fax request to:**

**(503) 378-2828**

Order in increments of 25, 50, 75 or 100

**Application for the Oregon Health Plan:**

**OHP Application packets requested** \_\_\_\_\_ **(Number)**



**View or download these forms on the DHS Forms Web Site:**

**[www.dhs.state.or.us/admin/forms](http://www.dhs.state.or.us/admin/forms)**

- ◆ Click on “Request or Search for a Form”
- ◆ Click on “form search page”
- ◆ Search by form number (do not key in the letters in front of the number)
- ◆ Search by key words

Quarterly report form: DMAP 3274  
Order form: DMAP 6625

In the below list, fill in the county and the four letter county abbreviation for the comparison chart form number and list the quantity wanted. Comparison chart(s) are offered only in English.

County	Form #	Quantity
_____	<b>OHP 9031</b> _____	_____
_____	<b>OHP 9031</b> _____	_____
_____	<b>OHP 9031</b> _____	_____

Bake - Baker  
Bent - Benton  
Clac - Clackamas  
Clat - Clatsop  
Colu - Columbia  
Coos- Coos  
Croo - Crook  
Curr - Curry  
Desc - Deschutes  
Doug- Douglas  
Gran - Grant  
Gill - Gilliam

Harn - Harney  
Hood - Hood River  
Jack - Jackson  
Jeff - Jefferson  
Jose - Josephine  
Klam - Klamath  
Lake - Lake  
Lane - Lane  
Linc - Lincoln  
Linn - Linn  
Malh - Malheur  
Mari - Marion

Morr - Morrow  
Mult - Multnomah  
Polk - Polk  
Sher - Sherman  
Till - Tillamook  
Unio - Union  
Umat - Umatilla  
Wall - Wallowa  
Wasc - Wasco  
Wash - Washington  
Whee - Wheeler  
Yamh - Yamhill

## Forms Ordering Tips

The minimum order that will be shipped is 25.

### **If you are requesting more than one language:**

- ◆ Use a *separate order sheet* for each language.
- ◆ Orders for forms in languages other than English may take longer to arrive.

### **When filling out the order sheet:**

- ◆ Please write clearly.
- ◆ Be sure to include your facility code.

### **Website Information:**

- ◆ DHS Web site address is <http://www.oregon.gov/DHS/healthplan/index.shtml>
- ◆ The DHS Forms Web site is [www.dhs.state.or.us/admin/forms](http://www.dhs.state.or.us/admin/forms).
- ◆ Please refer to the DHS Forms Web site to access DMAP and OHP forms.

### **Questions?**

Call Perry DeJoode, Outreach Coordinator/Special Projects  
503-945-6525