

FOR CLINIC STAFF USE ONLY

²⁰ Client indicates special confidentiality need and, if applicable, private insurance should not be billed and/or income will be assessed as a household size of 1.

- Yes – Client indicates a perceived threat of emotional or physical harm without special confidentiality
- No – Client does not request special confidentiality

²¹ Agency #

²² Clinic/Site #

²³ Primary Care information offered Yes

²⁴ OHP information offered Yes

²⁵ Title X: Client pays _____ % per sliding fee scale for non-CCare-covered service

²⁶ Staff initials

CCare CITIZENSHIP AND IDENTITY VERIFICATION

Document verification of citizenship and identity below. Create new record or update current record in database as needed.

PENDING		VERIFIED	
CITIZENSHIP	<p>²⁷ <input type="checkbox"/> Oregon Birth Information Form (C. Exhibit 5) completed by client</p> <p style="margin-left: 20px;"><input type="checkbox"/> Enter into CCare Eligibility Database for electronic check</p> <p style="margin-left: 40px;">- State staff will update database if citizenship is verified</p> <p style="text-align: center;">OR</p> <p>²⁸ <input type="checkbox"/> Automated SSA Electronic Citizenship Match Verification</p> <p style="margin-left: 20px;">- State staff will update database if citizenship is verified</p> <p style="text-align: center;">OR</p> <p>²⁹ <input type="checkbox"/> Out-of-state birth record request completed by client</p> <p style="margin-left: 20px;"><input type="checkbox"/> Call State to request extension on ROP</p> <p style="margin-left: 20px;"><input type="checkbox"/> Send request to State Reproductive Health Program</p> <p style="margin-left: 40px;">- Clinic staff will update database if citizenship is verified</p>	<p>³¹ <input type="checkbox"/> Citizenship has been verified in CCare Eligibility Database</p> <p style="text-align: center;">OR</p> <p>³² <input type="checkbox"/> Citizenship document witnessed and copied</p> <p style="margin-left: 20px;">Check Tier: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4</p> <p style="margin-left: 40px;">(Tier 1 satisfies identity verification)</p> <p><input type="checkbox"/> Information entered in CCare Eligibility Database</p> <p style="margin-left: 20px;">Date _____ Initials _____</p>	CITIZENSHIP
IDENTITY	<p>³⁰ <input type="checkbox"/> Client will supply identity document</p> <p style="margin-left: 20px;"><input type="checkbox"/> By date _____</p>	<p>³³ <input type="checkbox"/> Identity has been verified in CCare Eligibility Database</p> <p style="text-align: center;">OR</p> <p>³⁴ <input type="checkbox"/> Identity document witnessed and copied</p> <p style="margin-left: 20px;">(Required with citizenship document Tier 2, 3, or 4)</p> <p><input type="checkbox"/> Information entered in CCare Eligibility Database</p> <p style="margin-left: 20px;">Date _____ Initials _____</p>	IDENTITY

³⁵ Qualifies for CCare Yes No

³⁶ CCare ID#

The CCare ID# is REQUIRED for reimbursement. Complete items 35, 37 and 38 only if citizenship and identity have been verified and client is eligible for full year of CCare coverage.

³⁷ Eligible FROM date

³⁸ Eligible TO date

³⁹ Clinic use (optional)