

HEALTH RELATED SERVICES- Flexible Services Request Form

Fill out a separate form for each item or service. Please note, if this form is not fully completed, the request will not be processed – this form must be typed, handwritten copies will not be accepted.

Urgent Requests: All urgent requests can take 1-3 business days prior to the date the requested housing/shelter is needed. Any request submitted less than 2 business days prior, may not be reviewed by the date the housing/shelter is needed.

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. Llame al número gratuito (800) 431-4135. Los usuarios del servicio TTY pueden llamar al (800) 735-2900.

You can get this letter in another language, large print, or another way that's best for you. Call (800) 431-4135 TTY (800) 735-2900.

Please send one request at a time to:

Email: healthrelatedservices@pacificsource.com -or- Fax: 541-322-6435

Date Submitted: ____/____/____

Urgent Request (*Housing/Shelter*): ☐

Member Information		
First name:	Last name:	Date of birth:
Address (<i>must be up to date with OHA</i>):		
City:	State:	Zip code:
Phone number:	Member ID#:	
Primary Care Provider Information		
Primary Care Provider and Clinic Name:		

Full Address:	Phone Number:
Requestor Information (<i>Who is completing the form</i>)	
Requestor Name and Title:	Direct phone number and e-mail:
	Organization name: Click or tap here to enter text.
Requestor address:	
Requestor has received provider approval: Yes ☐ No ☐	
Which provider gave approval?	
Date approval was received:	
Requested Item or Service	
Describe Item or Service:	
Store Name or Payee Name:	
Address/Phone Number, Website:	
Additional Information (<i>Direct link to item or other pertinent information</i>):	
Quantity:	Total Cost:
Health condition or diagnosis related to this request:	
Describe how this service or item will improve the member/patient health:	

Have all funding options (community resources, scholarships, APD/IDD K-Plan, etc.) been exhausted?

☐ Yes ☐ No ☐ Not Applicable

Please explain which options have been unsuccessful:

Housing (*rent assistance*)/Utility Requests Only:

Name on lease/mortgage:

What month is the payment for?

What is the sustainability plan to address the need after flex funds are received?

Will the landlord accept payment from a third party payer? ☐ Yes ☐ No ☐ Not Applicable

****Please obtain the W9 from landlord and attach for housing requests.***

Shelter and Hotel Requests Only:

Will the hotel accept payment from a third party payer? ☐ Yes ☐ No ☐ Not Applicable

Is there a bed or room available? ☐ Yes ☐ No

Start Date: _____ End Date: _____

Check below where item is to be delivered:

☐ Member address

☐ Requestor

☐ PCP

****If the member's address does not match the address on file with OHA, the item may not be delivered there.***