



Aging, Disability & Veterans Services Division
Oregon Project Independence (OPI)

District Center: ☐EC ☐ME ☐NE ☐NH ☐PT

Date:

Client name: _____
(last name) (first name)

Prime number: _____

This invoice is for a **\$25.00 income-based enrollment fee** for the OPI Program. This fee is only paid by those who do not owe a monthly pay-in for Oregon Project Independence in-home services.

\$25.00 Total – due within 30 days of the date listed above.

If payment is not made, you will not receive services!

Please make your check for \$25.00 payable to ADVSD. **Do not send cash.** This is *not* a monthly payment.

Mail this form with check to:

ADVSD – Multnomah County
PO Box 40488
Portland OR 97240-0488
Attn: Margretta Hansen

Please contact your case manager with any questions.

Case manager: _____

Phone number: _____