



Eligibility for Indigent Services Funding Form - Multnomah County Addiction Services

Multnomah County Mental Health and Addiction Services Division requires providers to document information regarding eligibility for indigent substance use disorder (SUD) services funding. Eligibility should be determined at intake and at every 60 day interval. Providers may use this form or their own Agency form (if it includes all necessary information). Attach form to Client chart.

Legal First/Last Name: _____

Date of Birth: _____

Address/Location: _____

**If homeless note where majority of nights spent*

- Multnomah County Resident
- Non-Multnomah County Resident (Eligible only for Child Room & Board, not covered for any other service)

Reason receiving tx in Mult Co: _____

Initial Insurance status:

- Currently applying for OHP/Provider will assist in applying for OHP
- Has Medicare as primary insurance
- Unable to obtain Insurance
- Underinsured Check all that apply:
 - High Deductible (Cx unable to afford)
 - Benefit exceeded (\$ amt or session limit exceeded)
 - No in network providers
 - Other: _____

Income Source:

Monthly Amount:

- SSI _____
- SSDI _____
- Retirement/Pension _____
- General Assistance (e.g. TANF) _____
- Employment (client) _____
- Employment (spouse) _____
- Court Judgment (Child support, Spousal support, etc.) _____
- Other (e.g. Trust Fund, Investments, etc.) _____

Total Income _____

Number in family _____

Meets Current Year Guidelines for 200% Federal Poverty Level (FPL) Yes No

Agency Name: _____

Phone #: _____

By signing below, the agency attests to verification of the client's eligibility for Multnomah Other:

Staff signature

Staff name (Please print)

Date

I certify that the information provided above is accurate to the best of my knowledge. I understand that any false information may result in immediate disqualification of services. I agree to notify my provider if there is a significant change in my financial circumstances, if I become enrolled on the Oregon Health Plan or other insurance, or I am no longer a Multnomah County resident. If client unavailable for signature, please note reason instead.

Client Signature

Date

Reason Client Unavailable: _____

Recertification for Indigent Services Funding Form – Multnomah County Addiction Services

Legal First/Last Name: _____

Eligibility recertification is due at each 60 day interval

Recertification Date	Staff Name and Signature Verifying Eligibility	Income (sources include SSI, SSDI, TANF, Employment, Child/Spousal Support, etc.)	Insurance Status	County of Residence
<p align="center">60 Day</p> <p>Date: _____</p>	<p>Staff Name: _____</p> <p>Signature: _____</p>	<p><input type="checkbox"/> Meets Current Year 200% Fed Poverty Lvl AND <input type="checkbox"/> Income Unchanged OR Complete: Current Income Sources: _____</p> <p>Current Total Monthly Income: _____ Current Household size: _____</p>	<p><input type="checkbox"/> Has Medicare as primary insurance <input type="checkbox"/> Unable to obtain Insurance. <input type="checkbox"/> Underinsured <input type="checkbox"/> High Deductible (Client unable to afford) <input type="checkbox"/> Benefit exceeded (\$ amt/session limit exceeded) <input type="checkbox"/> No in network providers <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Multnomah County Resident</p>
<p align="center">120 Day</p> <p>Date: _____</p>	<p>Staff Name: _____</p> <p>Signature: _____</p>	<p><input type="checkbox"/> Meets Current Year 200% Fed Poverty Lvl AND <input type="checkbox"/> Income Unchanged OR Complete: Current Income Sources: _____</p> <p>Current Total Monthly Income: _____ Current Household size: _____</p>	<p><input type="checkbox"/> Has Medicare as primary insurance <input type="checkbox"/> Unable to obtain Insurance. <input type="checkbox"/> Underinsured <input type="checkbox"/> High Deductible (Client unable to afford) <input type="checkbox"/> Benefit exceeded (\$ amt/session limit exceeded) <input type="checkbox"/> No in network providers <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Multnomah County Resident</p>
<p align="center">180 Day</p> <p>Date: _____</p>	<p>Staff Name: _____</p> <p>Signature: _____</p>	<p><input type="checkbox"/> Meets Current Year 200% Fed Poverty Lvl AND <input type="checkbox"/> Income Unchanged OR Complete: Current Income Sources: _____</p> <p>Current Total Monthly Income: _____ Current Household size: _____</p>	<p><input type="checkbox"/> Has Medicare as primary insurance <input type="checkbox"/> Unable to obtain Insurance. <input type="checkbox"/> Underinsured <input type="checkbox"/> High Deductible (Client unable to afford) <input type="checkbox"/> Benefit exceeded (\$ amt/session limit exceeded) <input type="checkbox"/> No in network providers <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Multnomah County Resident</p>
<p align="center">240 Day</p> <p>Date: _____</p>	<p>Staff Name: _____</p> <p>Signature: _____</p>	<p><input type="checkbox"/> Meets Current Year 200% Fed Poverty Lvl AND <input type="checkbox"/> Income Unchanged OR Complete: Current Income Sources: _____</p> <p>Current Total Monthly Income: _____ Current Household size: _____</p>	<p><input type="checkbox"/> Has Medicare as primary insurance <input type="checkbox"/> Unable to obtain Insurance. <input type="checkbox"/> Underinsured <input type="checkbox"/> High Deductible (Client unable to afford) <input type="checkbox"/> Benefit exceeded (\$ amt/session limit exceeded) <input type="checkbox"/> No in network providers <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Multnomah County Resident</p>