

Recertification for Indigent Services Funding Form – Multnomah County Addiction Services

Legal First/Last Name: _____

Eligibility recertification is due at each 6 months 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>6 Months</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>
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