



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

District Center: EC ME NE FH PT

Enhancing Equity: UL IR GG AS

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:

MULTNOMAH COUNTY, DCHS AGING  
& DISABILITES SERVICE  
PO Box 40488  
Portland OR 97240-0488  
Attn: Margretta Hansen

Please contact your case manager with any questions.

Case manager: \_\_\_\_\_

Phone number: \_\_\_\_\_