

COVID-19 Resource Worksheet



During the COVID-19 pandemic, we are still receiving and processing requests for health-related services funds. Access to certain items or services may be limited due to item shortages and business closures. We will continue to monitor the situation and keep all requesting parties informed of any changes as they arise. Please feel free to review our [CareOregon COVID-19 Frequently Asked Questions](#) for additional resources.

Member Information

Member name: _____

Member ID: _____ Date: _____

Current housing situation: _____ Number in household: _____

Total monthly income _____ Total monthly expenses: _____

Expenses

Rent/mortgage	\$	Automobile payment	\$
Gas	\$	Car insurance	\$
Electric	\$	Gasoline	\$
Water	\$	Household supplies	\$
Trash	\$	Food	\$
Phone	\$	Childcare	\$

Income

Income sources	Month applied	Outcome/notes	\$ amount
AFDC (TANF)			
SNAP			
Stimulus benefit			
Unemployment			
Federal CARES			
Free 60-day Internet: Comcast Internet Essentials			
Submit letter to landlord for nonpayment (see attached Excel document): Payment plan available?			

Income			
Payment Plans	Month applied	Outcome/notes	\$ amount/month
Apply for free Lifeline phone (see attached)			
Gas: Contact utilities for payment plan			
Electric: Contact utilities for payment plan			
Water: Contact utilities for payment plan			
Trash: Contact utilities for payment plan			
Federal CARES			
Free 60-day Internet: Comcast Internet Essentials			

Member Information

Please tell us how the member paid rent last month:

How will the member pay rent next month?:

Please tell us any additional information regarding the member’s housing and economic situation:

Fax completed forms to:

503-416-4728

ATTN: HRS Flex

Secure email to:

social.determinants@careoregon.org

Or, mail to:

ATTN: Strategic Business Partnerships

CareOregon

315 SW Fifth Ave,

Portland, OR 97204

Health-related

services phone:

503-488-2808