Health-Related Income/Budget Worksheet

Last updated: May 2026

Thank you for submitting a health-related services request. In some cases, our team needs more information to determine your sustainability plan and what resources you have.
Please fill out the below form to provide more information so we can determine how best to support you.

Member information

Member name: _____ Date of birth: _____

Member ID: _____ Date: _____

Current address/residence: _____

Number of months/years at current residence: _____

Use the table below to calculate the number in your household

Yourself	
Your legal spouse	
Your live-in partner (if you have a child under age 19 with this person)	
Children (under age 19) who live with you	
Anyone else that you include on your federal income tax return, even if they don't live with you	
If you are under 19, any parents, step-parents and brothers or sisters (also under age 19) who live with you	
Anyone who is pregnant in your household	
Any expected babies of pregnant people in your household	
Total number in household:	

Current housing situation

- ☐ Own my home
- ☐ Houseless
- ☐ Rent (only one household living at this address)
- ☐ Share rent (with roommates or with another household) Your portion is: _____

Income					
Income source	Monthly amount Adult #1	Monthly amount Adult #2	Monthly amount Adult #3	Monthly amount Adult #4	Monthly amount Adult #5
Individual's name					
AFDC (TANF)					
Employment PT/FT					
VA benefits					
SSI/SSDI					
Unemployment					
State disability					
Foster care income					
Disabled family member					
Child support/alimony					
Pension/retirement					
Business income					
Interest or dividend income					
Other income					
Total:					

Do **not** count these as income:

- Income of children under 18
- Inheritance and insurance income
- Student financial aid
- Medical expense reimbursement
- Income of live in aide
- Armed forces hostile fire pay
- SNAP benefits

Expenses for the next three months

Current month's expenses					
Rent/mortgage	$		Car payment	$	
Gas	$		Car insurance	$	
Electric	$		Gasoline	$	
Water	$		Household supplies	$	
Trash	$		Food	$	
Phone	$		Childcare	$	
Next month's expenses					
Rent/mortgage	$		Car payment	$	
Gas	$		Car insurance	$	
Electric	$		Gasoline	$	
Water	$		Household supplies	$	
Trash	$		Food	$	
Phone	$		Childcare	$	
Third month's expenses					
Rent/mortgage	$		Car payment	$	
Gas	$		Car insurance	$	
Electric	$		Gasoline	$	
Water	$		Household supplies	$	
Trash	$		Food	$	
Phone	$		Childcare	$	

Total monthly income _____ Total monthly expenses: _____

Did you report no income? ☐ Yes ☐ No

If yes, do you have a case manager that we can call to validate your income?

Case worker name: _____

Agency: _____

Email address: _____

Phone number: _____

☐ I give permission to call my case manager to validate my income.

☐ I do not have a case manager/case worker who can validate my income. I attest that the income listed on this worksheet is true and complete to the best of my knowledge.

Signature: _____

Current financial spending

Please tell us more about your current money situation.
What caused you to miss paying your bills?

Plan to increase income and reduce expenses

Action		Target date
1.		
2.		
3.		
4.		
5		

Submission of forms

You can fill out this form yourself, or with the help of a parent, a caregiver, or a guardian/support/trusted friend, or a staff member from an organization or clinic.

Fax completed forms to:

503-416-1376
ATTN: HRS

Any documents related to your request should be sent in advance. Here are two ways to submit:

Submitting via the member portal

The quickest way to submit documents or check the status of your request is through our member portal. It is a secure messaging platform you can access through our website via a desktop computer. You can sign in if you have an account, or follow the on-screen instructions to sign up. **Please note:** If you are under 18, you cannot use this portal on your own. A parent or guardian must assist you.

To access the portal, go to careoregon.org/memberportal

Once logged in, upload your documents by doing the following:

1. Go to the message center and click "new message"
2. Click "add recipients" and select "Health Related Services Requests"
3. Add HRSN in the subject line and attach the file(s) to the message using the attach file feature
4. Add any other context and click "send"

Submitting via email

If you cannot access the portal, you can send your documents to us via email at hrsncx@careoregon.org

If you have questions or would like help filling out the request form(s), call Customer Service at 971-236-2998 or TTY 711.

You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Call your CCO, TTY 711, or tell your provider. We accept relay calls.
For CareOregon Health Share: 800-224-4840
For Columbia Pacific CCO: 855-722-8206
For Jackson Care Connect: 855-722-8208