



## Safe Beginnings Flexible Funds Request Form

The Safe Beginnings Project is an opportunity to supply health and safety items for pregnant and postpartum members in their third trimester of pregnancy and up to six months postpartum. Health Share and our health plan partners have a list of pre-approved items available for pregnant and postpartum members enrolled with Health Share. These items are intended to ensure a safe and healthy start for newborns and their families.

***Items on this form are single requests only and are not eligible for ongoing support/funding.***

- If needed, you can submit the form requesting items at different times. **However, each item will only be approved once per delivery/infant birth.** *NOTE: Some items are specific to the first few months following a delivery event.*
- Infant-specific items require a quantity to be listed (one item per infant is available).
- For the remaining items, please check the box of the items the member would like.
- Delivery timelines may vary depending on the vendor. Items may arrive at different times, depending on vendor supply.
- Requestor must complete **REQUESTOR & MEMBER INFORMATION** sections below, and all data related to the requested items—incomplete forms will not be approved until the requestor submits all information needed.

**If you have any questions, please reach out to your client's health plan directly.**

**Submission information and where to get more information for each Health Share plan:**

- **CareOregon:**
  - Submit: Email form to [socialhealth@careoregon.org](mailto:socialhealth@careoregon.org)
  - For more information: 503-416-4100 / [customerservice@careoregon.org](mailto:customerservice@careoregon.org)
- **Kaiser Permanente:**
  - Submit: Email form to [medicaidhrsflexfunds@kp.org](mailto:medicaidhrsflexfunds@kp.org)
  - For more information: 503-721-6435 / [medicaidhrsflexfunds@kp.org](mailto:medicaidhrsflexfunds@kp.org)
- **OHSU Health**
  - Submit: Email form to [ohsuhsrs@ohsu.edu](mailto:ohsuhsrs@ohsu.edu)
  - For more information: 844-827-6572 / [ohsuhscaresite@ohsu.edu](mailto:ohsuhscaresite@ohsu.edu)
- **Providence**
  - Submit: Email form to [care.management@providence.org](mailto:care.management@providence.org)
  - For more information: 503-574-7247 / <https://www.providencehealthplan.com/health-share-providence-ohp/wellness-resources>

Requestor Information	
Name:	Organization & Role:
Fax (if applicable):	Phone Number:
Email Address:	
Date of Request:	
<p>I attest that the requested item(s) align with the member's treatment plan for the listed diagnosis and that the member has no other resources available.</p> <p>___ I attest that Health Share and its health plans are not responsible for technical assistance or installation guidance where applicable.</p> <p>___ I attest that the member will read the manufacturer's safety information and user manual and learn about safe usage of items and how to be notified regarding any safety recalls for these items received.</p>	

Member Information (birth parent)	
Name:	Estimated Due Date:
DOB:	Number of Infants:
OHP ID:	Diagnosis: Z34.90
Phone Number:	Delivery Address:
Preferred Language:	

Available Items		
See Safe Beginnings Information Sheet for more information about items. Choose the number of items needed (one per infant) or select the checkbox if the member would like each item.		
	Item	Item Choice Details
#	Baby to Body Baby Carrier with newborn Insert	
#	Baby to Body Baby Carrier without newborn insert	
#	Safe Sleep Crib Set	
#	Baby Health Kits	
#	Diapers/wipes	Diaper Size: <input type="checkbox"/> Newborn <input type="checkbox"/> Size 1 <input type="checkbox"/> Size 2 <input type="checkbox"/> Size 3
	Lactation Supply Kit	
	Home Safety Kit	
	Bonding with Books (pt 1)	Smile! (Baby Faces Board Book) (pictures only)

<input type="checkbox"/>	<b>Bonding with Books (pt 2)</b>	<p><b>Choose up to one additional book per infant</b></p> <p><input type="checkbox"/> <u>Baby Bear, Baby Bear What Do You See?</u> <input type="checkbox"/> <u>Guess How Much I Love You</u> <input type="checkbox"/> <u>Head, Shoulders, Knees, and Toes</u></p> <p>Choose language preference for Books:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Cantonese</p>
<input type="checkbox"/>	<b>Post-Partum Health Kit</b>	<p><input type="checkbox"/> Vaginal Post-Partum Health Kit</p> <p><input type="checkbox"/> C-section Post-Partum Recovery Health Kit</p>

*Note: The items on this form are pre-approved by all Health Share health plan partners but are not the only requests that can be submitted. If members have additional needs, you may submit a separate request through the routine Flexible Services request process. If you have questions regarding submissions, please reach out to your health plan directly for more information.*