



OREGON HEALTH PLAN APPLICATION CHECK LIST

- Full names, dates of birth and social security numbers for everyone applying.
- What is your tax filing status? Who do you claim on your taxes?
- Information on how you and other family members file taxes.
- Are you or a family member claimed on someone else's taxes?
If yes, **please** bring the tax filers full name and date of birth.
- Home and/or mailing addresses for everyone on your application.
- Don't have an address? Where can we safely send your mail?
General delivery is not accepted as an address.
- Phone number, email address.
- Document information to verify citizenship or immigration status: (e.g. permanent resident card, immigration status & documents)
- **Employer** and **income verification** from **pay stubs: 30 days of income** in the month that you are applying for every member on the application that has employment income.
- **PAPER copies of the last 30 days of pay stubs.**
- No longer working, use **W-2 forms** or previous years **filed taxes**.
- **Self-employed** individuals need to use a "**self-employment ledger form**".
Call 541-543-5484 to get a copy of this self-employed ledger or download from Google.
- For **retroactive** benefits bring proof of income for the months you are requesting for coverage. **Please provide paper copies of these paystubs for these months.**
- **Other income:** Alimony, SSI, SSDI, survivor's benefits, pensions, trust fund, capital gains, investments (interest collected or pay outs), net rental/royalty/farming/fishing and **ALL** taxable income.
- **Deductions:** Tuition & fees for school, student loan interest, IRA, 401K, other investments, moving expenses, and educator expenses. What ever you claim on your taxes as a deduction.
- **Do you have other health insurance:** bring insurance card or plan name with the policy number, the policy holders name and policy holder's date of birth.
- **Release from incarceration:** bring your release from incarceration paperwork.

For Free OHP application assistance, call Mindy at 541-543-5484

PPSO OHP Assister outreach schedule 2019 - 2020

- **The DHS in Florence on HWY 101** – Walk-ins welcomed!
The first Monday & Tuesday of every month from 9 am to 5 pm
- **The DHS in Newport on Avery St** – Walk-ins welcomed!
The first Wednesday & Thursday of every month from 9 am to 5 pm
- **The DHS in Cottage Grove on Coop Court** – Walk-ins welcomed!
The third Monday of every month from 9:30 am to 5 pm
- **The Blue River Food Pantry at the McKenzie School in Blue River**
Walk-ins welcomed!
Every other month on the second Tuesday from 4:30 pm to 6:30 pm
2019 – August, October, December 2019. January, March, April 2020.
- **The Orchid Health clinic in Oakridge;**
The following **Fridays of every month** from 9 am to 5 pm.
Friday August 16, 2019
Friday September 27, 2019
Friday October 25, 2019
Friday November 22, 2019
Friday December 20, 2019
Friday January 17, 2020
Friday February 28, 2020
Friday March 27, 2020
Friday April 24, 2020
Friday May 22, 2020
Friday June 19, 2020
- Open Enrollment for **private health insurance Qualified Health Plans** (QHP) begins **November 1, 2019** and ends at midnight **December 15, 2019.**
- Open enrollment for Medicare Supplemental Plans; The **Annual Medicare Open Enrollment** period begins on October 15 and continues until midnight December 7. For 2020 coverage, **open enrollment** will run from **October 15, 2019, to December 7, 2019.** During the **Annual Enrollment Period** (AEP) you can make changes to various aspects of your coverage.

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