

Community Action Team, Inc.
Senior Programs

Please Return Application To:
Community Action Team OPI
125 N. 17th Street
St. Helens, OR 97051

Oregon Project Independence (OPI) Application for In-Home Services:

Date: _____

Area: _____

Client Name: _____ **Date of Birth:** ____/____/____

Street Address: _____ **City:** _____ **Zip:** _____

Mailing Address if Different: _____

Phone: (____) _____ **Alternate Phone:** (____) _____

SSN: (Required): _____ - _____ - _____

Other Household Members:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

- Qualifying for in-home services through the Oregon Project Independence Program depends on an assessment priority level as defined by ORS: 411-015-0000.

Race: (for funding purposes)

- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- White
- Not Reported

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Not Reported

I am applying for in-home services through the Oregon Project Independence Program:

Client Signature: _____ **Date:** _____

Senior Case Manager/Program Director _____ **Date:** _____

NOTE: OPI services are operating on a Wait List basis. You will be contacted by a case manager for a brief risk assessment and then placed on the waiting list according to your risk score. A home visit will be scheduled as we have openings. Thank You.

For Office Use Only:

Date Rcvd: _____ Wait List: Y N

Income Worksheet Rcvd: Y N #in Household: _____ Income \$: _____

Income %: _____ Pay-In Amt: _____

Approval Date: _____ HCW List Sent: Y N

HCW Information: Name: _____

Mailing Address: _____

Phone Contact: _____ Alt # _____

Voucher Issued: Y N Date: _____ Issued By: _____