

ONE Notices Guide

Helping partners navigate ONE System Notices

Combined Request for Information Notice

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact 503-945-5488 (all relay calls accepted) or feedback@odhsosha.oregon.gov.



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Understanding ONE System Notice Guides

ONE System Notice Guides provide clear and simple overviews of ONE Eligibility Notices. Each guide outlines the general sections and content of different types of notices and includes the elements highlighted in the picture below. Partners can use these guides to help people receiving benefits understand what to expect and how to navigate their unique renewal process.

Sample Page

The cover page summarizes people's current benefit status and outlines any actions they need to take.

ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: <<Date of Letter>>
Your Case ID: <<Case#>>

Oregon Department of Human Services
Oregon HEALTH PLAN

<<Calls to Action>>

<<Calls to Action>>

<<Recipient Name>>
<<Street Address>>
<<City, State>>>> <<Zip>>

<Notice Name>

What you need to do:

! <<1st Main thing the member should know about>>

➡ See your next steps to use and keep your health care coverage.

➡ Report changes in your household so we can best serve you.

Hello << Case Name>>

<The medical benefits on your case are renewed and they will continue.

You also need to check the Household Medical Case Summary we sent with this letter. The Case Summary shows the information we have on your case. You need to check the information on the summary and tell us if anything has changed. If it is right, you do not need to do anything else with the Case Summary.>

The QR code in the upper left corner is for the state to track returned mail.

Areas marked in double brackets << >> will vary based on people's household information (e.g., name, address, Case ID number) and what they need to do.

Each notice has a "call to action" box that shows the purpose of the notice. The text in the box will vary based on the person's situation and what the state needs from them. The color around the box will vary based on whether people's benefits were successfully renewed (green) or partially renewed, denied, or closed (orange).

The "What You Need To Do" section provides an overview of what people need to do and by when. It may also direct people to other parts of the notice to find information they need. This text will vary based on the type of notice.

Information specific to people

Single (< >) and double brackets (<< >>) throughout indicate areas that include people's unique information, like their name, address, Case ID number, and actions they need to take.

Detailed page notes

Paragraphs to the right of the notice image highlight specific elements or sections of each page.

Title and page summary

Descriptions to the left of the notice image summarize the information included on each page.

Introduction to the Combined Request for Information

Overview: ONE Eligibility Notices

ONE Eligibility Notices are letters people receive in the mail about their medical and nonmedical benefits and include information such as their monthly benefit amount, start and end dates, and any actions they may need to take to maintain their eligibility. Notices will vary based on people's eligibility status and the types of benefits they receive.


In this guide: Combined Request for Information (RFI) Notice

People may receive a Combined Request for Information Notice if they need to take action to make sure they qualify for benefits, like complete an interview or provide additional information. This type of notice will include a list of what people need to do, by when, and where they can go for help.



Cover Page: Combined Request for Information

The cover page summarizes people's current benefit status and outlines any actions they need to take.

 ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: <<Date of Letter>>
Your Case ID: <<Case#>>

<<Recipient Name>>
<<Street Address>>
<<City>>, <<State>> <<Zip>>



 <<Calls to Action>>

<Notice Name>

What You Need To Do:

→ To make sure you qualify for benefits

- <<Have an interview>>
- <<Give us proof>>
- <<Give us more information>>

! Respond by <<DueDate>> using one of the 'Ways to Complete'

Hello <<Case Name>>,





We need <<an interview>><<proof>><<more information>><<proof and more information>> to make sure you qualify for benefits. A full list of what you need to provide, and the due dates, is included below. Please review this entire document and respond by <<DueDate>>. If you do not respond, your benefits may be denied or end. We will send you another letter if your benefits end.

We are here if you need help understanding this process and what it means for you. Call ONE Customer Service Center <<ONECUSTSERVICE>> if you need help or more information.

Get this notice in other formats

Call ONE Customer Service Center to get this letter in other languages, large print, braille, or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

Program Guide

 ERDC: Child Care	 Medical Benefits	 SNAP: Food Benefits	 TANF: Cash Assistance
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The QR code in the upper left corner is for the state to track returned mail.

Areas marked in double brackets << >> will vary based on people's household information (e.g., name, address, Case ID number) and what they need to do.

Each notice has a **"call to action" box** that shows the purpose of the notice. The text in the box will vary based on the person's situation and what the state needs from them.

The **"What You Need To Do" section** provides an overview of what people need to do and by when. It may also direct people to other parts of the notice to find information they need. This text will vary based on the type of notice.

The body of the cover page repeats information people need to provide or actions to take, by when, and what will happen if they do not respond. Depending on the situation, people may need to schedule an interview, provide proof and/or provide more information. This section also includes where people can go for help understanding the notice.

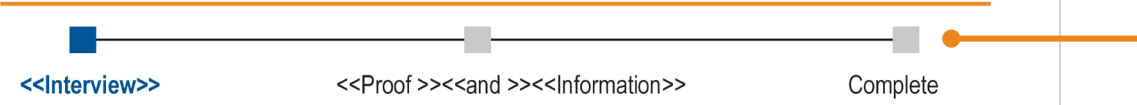
Each notice includes **how to request the notice in other formats**, like other languages, large print, or braille.

Take Action: Interview

The “Take Action” section lists what actions people need to take for specific benefits and by when. This page covers information related to completing an interview.

Date: <<Date of Letter>>
Your Case ID: <<Case#>>

! Take Action



Action Needed

<<Have An Interview

People listed below will need an interview over the phone or in-person to make sure they qualify for benefits. Call or visit us to have your interview.

Interview Needed:	Needed For:	Due Date:
<input type="checkbox"/> <<Individual Name>>	<<Benefit>>	<<DueDate>>
	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Individual Name>>	<<Benefit>>	<<DueDate>>

If you submit your materials through one of the other ‘Ways to Complete’ and an interview is needed, we will contact you.>



<<Phone Call

Local Office: <<Local Office #>>
ONE Customer Service Center:
<<ONECUSTSERVICE>>>



<<Visit Us

<<Branchofcname>>
<<Street Address>>
<<City>>, <<State>><<Zip>>>

The “Take Action” section includes a toolbar so people can see all actions they need to complete and where they are in the process. In this example, the person needs to complete an interview and provide proof and more information to make sure they qualify for benefits.

People can quickly scan the table to see which individuals in the household require an interview for which benefits, and when the interview must be completed.

Notices include the phone number and address of the ODHS office nearest the person.

Take Action: Proof Needed

The “Action Needed—Proof We Need” page is a potential element of the “Take Action” section.

This page covers information related to providing proof.

<<Interview>> <<Proof >><<and >><<Information>> Complete

Action Needed

<Proof We Need

We need proof of the items listed below. You can use the following checklist as a guide to help you collect documents. You need to give us the documents by the due date. If you need more time or have questions, please call ONE Customer Service Center at <<ONECUSTSERVICE>>.

▼ <<IndividualName1 (Age)>>

Proof Needed:	Needed for:	Due Date:
<input type="checkbox"/> <<Proof Needed Type 1>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 1>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 2>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 3>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 4>>	<<Benefit>>	<<DueDate>>

▼ <<IndividualName2 (Age)>>

Proof Needed:	Needed for:	Due Date:
<input type="checkbox"/> <<Proof Needed Type 2>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 2>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 4>>	<<Benefit>>	<<DueDate>>

The toolbar is available throughout the “Take Action” section so people can easily see where they are in the process.

The “Proof We Need” section explains the purpose of the checklist that follows, what people need to do, and where to go for help.

People can quickly scan the table to see which individuals in the household need to provide which types of proof for which benefits, and by when.

Take Action: Proof from Responsible Party

The “Action Needed—Proof We Need from Responsible Party” page is a potential element of the “Take Action” section.

This page covers information related to providing proof from responsible parties.

Action Needed

<<Proof We Need from Responsible Party

<<ResponsiblePartyName1>><<, >><<and>><<ResponsiblePartyName2>>, you are the responsible party for the people listed below. This means you need to give proof of the items listed below. You can use the following checklist as a guide to help you collect documents. You need to provide the documents by the due date. If you need more time or have questions, please call ONE Customer Service Center at <<ONECUSTSERVICE>>.

▼ <<ResponsiblePartyName1>>

Proof Needed:	Person Needed For:	Needed For:	Due Date:
<input type="checkbox"/> <<Proof Needed Type 5>>	<<Individual Name>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 6>>	<<Individual Name>>	<<Benefit>>	<<DueDate>>

▼ <<ResponsiblePartyName2>>

Proof Needed:	Person Needed For:	Needed For:	Due Date:
<input type="checkbox"/> <<Proof Needed Type 2>>	<<Individual Name>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 2>>	<<Individual Name>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> <<Proof Needed Type 4>>	<<Individual Name>>	<<Benefit>>	<<DueDate>>

The “**Proof We Need from Responsible Party**” section explains the purpose of the checklist that follows, what people need to do, and where to go for help.

Responsible parties can quickly scan the table to see which types of proof are needed by person for which benefits, and by when.

Take Action: Examples of Proof

The “Action Needed—Examples of Proof” page is a potential element of the “Take Action” section.

This page shows the types of documents people can send as proof.

Action Needed

<Examples of Proof

Here are the types of documents you can send us as proof. These are only examples. If you have something else that shows proof, you can send us that. You only need one from each category. If the same document applies to more than one category, you only need to give it once. Please send a copy of the documents. Do not send the original documents.

<Proof Needed Type 1

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

<Proof Needed Type 2

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

<Proof Needed Type 3

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

<Proof Needed Type 4

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

<Proof Needed Type 5

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

<Proof Needed Type 6

- Reference Table of Document Example1
- Reference Table of Document Example2
- ...>

>

If proof is needed, the notice will include examples of the types of documents people can send as proof they can provide for benefit renewal.

Take Action: Information Needed

The “Action Needed—Information We Need” page is a potential element of the “Take Action” section.

This page covers information related to the types of questions people need to answer.

Action Needed

<Information We Need

There are some questions we need the answers for. Those questions are listed below. You need to give answers by the due date. You can use the space below the questions to answer. You need to give us this information by phone, mail, online or other ways listed in ‘[Ways to Complete.](#)’ >

 <<IndividualName1, IndividualName2, IndividualName3...>>

Information Needed:	Needed for:	Due Date:
<<<InfoNeeded>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> No <input type="checkbox"/> Yes, who? _____ >		
<<<InfoNeeded>>	<<Benefit>>	<<DueDate>>
_____ >	<<Benefit>>	<<DueDate>>

 <<IndividualName2, IndividualName3>>

Information Needed:	Needed for:	Due Date:
<<<InfoNeeded>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> No <input type="checkbox"/> Yes, who? _____ >		
<<<InfoNeeded>>	<<Benefit>>	<<DueDate>>
<input type="checkbox"/> No <input type="checkbox"/> Yes, who? _____ >	<<Benefit>>	<<DueDate>>

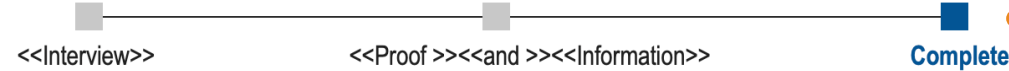
The “**Information We Need**” section explains the purpose of the checklist that follows, what people need to do, and how to send their information.

People can quickly scan the table to see which individuals in the household need to provide information for which benefits, and by when.

Take Action: Ways to Complete

The “Ways to Complete” page is an element of the “Take Action” section.

This page shows the ways people can send proof and/or information.



Ways to Complete

<You can give us <<proof>><<information>><<proof and information>> during your interview or use other ways listed below. To avoid delays in your benefits, include the cover sheet on the next page with your documents and write your Case ID number on first page of every document.>

<You can use the ways below to give us your <<proof>><<information>><<proof and information>>. To avoid delays in your benefits, include the cover sheet on the next page with your documents and write your Case ID number on first page of every document.>



Online

You can login or create an account at EligibilityHomePage



By Phone

You can call to give us details.

Local Office: <<Local Office #>>

ONE Customer Service Center:

<<ONECUSTSERVICE>>

We accept relay calls.



In-Person

You can meet us at your local office

<<Branchofcname>>

<<Street Address>>

<<City>>, <<State>> <<Zip>>

To find a different office, go to

<<EligibilityHomePage>> and click “Get Help”



By Fax

You can FAX documents to:
<<IRMS Fax Number>>



By Mail

You can mail documents to:
<<Statewide Processing Center>>
<<IRMS PO BOX>>
<<Salem, OR 97309>>

In this final step of the “Take Action” section, people can see how to complete their part of the renewal process.

Notices remind people to include their cover sheet and Case ID number when providing information.

People can see all the ways they can send their information, which includes online through their ONE Applicant Portal Account, by phone, fax, or mail, or in-person at their local office.

Resources

All notices include a section of resources to help people with their medical and nonmedical benefits and other needs.

If You Need Urgent Help with Something Other than Your Benefits

Contact the following:

- Aging and Disability Resource Connection <<ARDS>>
- Oregon Abuse Reporting Helpline <<OARH>>
- National Suicide Prevention Lifeline <<NSPL>>

Contact 211 Info for:

- Provider information
- Emergency food
- Childcare assistance
- Other needs

This section lists resources that can help people with urgent needs not related to their benefits.

If You Need Help with ERDC, Medical Benefits, SNAP, or TANF



Contact ONE Customer Service Center at <<ONECUSTSERVICE>> for:

- Renewing benefits
- Sending us documents
- Reporting changes
- Questions about your eligibility or your coverage

This section reminds people to contact the ONE Customer Service Center if they need help related to their medical and nonmedical benefits.

For More Help with Your Medical Benefits



Call your Community Partner if you:

- Need help applying or renewing your coverage
- Need help responding to this notice
- Need help making an appointment or filling out an application
- Need help reporting changes
- Need help in another language



Your Community Partner

<<CP Org Name>>
<<CP Org Phone Number>>
<We didn't see a Community Partner on your profile. If you would like one, you can find one here <CPSite>>>

Many people in Oregon may work with Community Partners (CPs) to manage their benefits and will contact CPs for help. This section provides CP contact information for the person if known.



Scan the QR code with a smartphone camera to access the ODHS Benefits website and your online account.



Hover




Scan




Select


Notices include a QR code that people can use to manage their benefits online through their Applicant Portal.




Download the Oregon ONE Mobile app
Scan the QR code with a smartphone camera to download our app from Apple App Store or Google Play Store



Hover



Scan



Select

Notices mailed after June 2023 will include a QR code that people can use to download and manage their benefits through the Oregon ONE Mobile app.

Sample Redacted Notice: Combined Request for Information

The following pages show a sample redacted notice of a Combined Request for Information. This example covers a scenario in which a person needs to provide more information to make sure they qualify for benefits.

ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Date: 09/19/2022
Your Case ID: [REDACTED]

Date: 09/19/2022
Your Case ID: [REDACTED]

Date: 09/19/2022
Your Case ID: [REDACTED]

Date: 09/19/2022
Your Case ID: [REDACTED]

Take

We Need more information

What You Need To Do

To make sure you qualify for benefits, you need to give us more information.

Give us more information

Hello [REDACTED]

We need more information and the due dates, if you do not respond, end.

We are here if you need help. Call ONE Customer Service Center 1-800-699-9075 or 711 (TTY) or visit <https://one.oregon.gov>

Program Guide

ERDC: Child Support

For help call 1-800-699-9075

Action Needed

Information

There are [REDACTED] to give and [REDACTED] need to give [REDACTED] to complete [REDACTED]

Information

Does anyone [REDACTED] following [REDACTED] in Oregon? [REDACTED] Refugee Benefits Assistance [REDACTED] Care Assistance [REDACTED]

No

For help call 1-800-699-9075

Ways to Complete

You can use the worksheet on the cover sheet on the back of every document.

Online

You can login to <https://one.oregon.gov>

By Phone

You can call to [REDACTED]
Local Office:
ONE Customer Service Center
1-800-699-9075
We accept [REDACTED]

In-Person

You can meet with [REDACTED] at [REDACTED] 2411 - Salem (NWSDS) 3410 Cherry Avenue, Salem, OR 97301
To find a different location:
<https://one.oregon.gov>
Help"

If You Need Urgent Help with Something Other than Your Benefits

Contact the following:

- Aging and Disability Resource Connection
1-855-ORE-ADRC (673-2372)
- Oregon Abuse Reporting Helpline
1-855-503-SAFE (7233)
- National Suicide Prevention Lifeline
1-800-273-8255

Contact 211 Info for:

- Provider information
- Emergency food
- Childcare assistance
- Other needs

If You Need Help with ERDC, Medical Benefits, SNAP, or TANF

Contact ONE Customer Service Center at 1-800-699-9075 or 711 (TTY) for:

- Renewing benefits
- Sending us documents
- Reporting changes
- Questions about your eligibility or your coverage

For More Help with Your Medical Benefits

Call your Community Partner if you:

- Need help applying or renewing your coverage
- Need help responding to this notice
- Need help making an appointment or filling out an application
- Need help reporting changes
- Need help in another language

Your Community Partner

We didn't see a Community Partner on your profile. If you would like one, you can find one here <https://go.usa.gov/xz2EC>

For help call 1-800-699-9075 or 711 (TTY) or visit <https://one.oregon.gov>

ONE-001A We Need more Information Notice **PAGE 4**



Information Needed

We Need more Information Notice

What You Need To Do:



To make sure you qualify for benefits
• Give us more information



Respond by **11/03/2022** using one of the 'Ways to Complete'

Hello [REDACTED]

We need more information to make sure you qualify for benefits. A full list of what you need to provide, and the due dates, is included below. Please review this entire document and respond by 11/03/2022. If you do not respond, your benefits may be denied or end. We will send you another letter if your benefits end.

We are here if you need help understanding this process and what it means for you. Call ONE Customer Service Center **1-800-699-9075 or 711 (TTY)** if you need help or more information.

Get this notice in other formats

Call ONE Customer Service Center to get this letter in other languages, large print, braille, or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.

Program Guide



ERDC: Child Care



Medical Benefits



SNAP: Food Benefits



TANF: Cash Assistance

! Take Action

Information

Complete

Action Needed

Information We Need

There are some questions we need the answers for. Those questions are listed below. You need to give answers by the due date. You can use the space below the questions to answer. You need to give us this information by phone, mail, online or other ways listed in 'Ways to Complete.'



Information Needed:

Needed for:

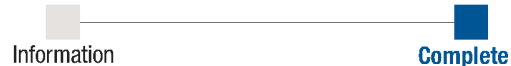
Due Date:

Does anyone currently receive following benefits in another state or in Oregon - SNAP, TANF, Medical, Refugee Benefits, Child Care Assistance, Tribal TANF, Tribal Child Care Assistance, FDPIR?

Medical

11/03/2022

No Yes



Ways to Complete

You can use the ways below to give us your information. To avoid delays in your benefits, include the cover sheet on the next page with your documents and write your Case ID number on first page of every document.



Online

You can login or create an account at <https://one.oregon.gov>



By Fax

You can FAX documents to:
1-503-378-5628



By Phone

You can call to give us details.
Local Office: 1-503-304-3400
ONE Customer Service Center:
1-800-699-9075 or 711 (TTY)
We accept relay calls.



By Mail

You can mail documents to:
ONE Customer Service Center
PO Box 14015
Salem, OR 97309



In-Person

You can meet us at your local office
2411 - Salem Senior & Disability Services
(NWSDS)
3410 Cherry Ave NE
Salem, OR 97303
To find a different office, go to
<https://one.oregon.gov> and click "Get Help"

If You Need Urgent Help with Something Other than Your Benefits

Contact the following:

- Aging and Disability Resource Connection
1-855-ORE-ADRC (673-2372)
- Oregon Abuse Reporting Helpline
1-855-503-SAFE (7233)
- National Suicide Prevention Lifeline
1-800-273-8255

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Contact ONE Customer Service Center at 1-800-699-9075 or 711 (TTY) for:

- Renewing benefits
- Sending us documents
- Reporting changes
- Questions about your eligibility or your coverage

For More Help with Your Medical Benefits



Call your Community Partner if you:

- Need help applying or renewing your coverage
- Need help responding to this notice
- Need help making an appointment or filling out an application
- Need help reporting changes
- Need help in another language



Your Community Partner

We didn't see a Community Partner on your profile. If you would like one, you can find one here <https://go.usa.gov/xz2EC>

Date: 09/19/2022
Your Case ID: [REDACTED]



Scan this QR code with a smartphone camera to upload your documents.



Hover



Scan



Select

Date: 09/19/2022
Your Case ID: [REDACTED]

IMPORTANT: COVER SHEET

Include this page with the proof and information you send. Please send copies, not the original document. Respond by due date.

[REDACTED] - [REDACTED]