COVID-19 Temporary Paid Leave Program
Instructions

The COVID-19 Temporary Paid Leave Program provides a $120 per-day payment for up to 10 working days ($1,200 total) to workers who are required to quarantine or isolate due to COVID-19 exposure or symptoms, but do not qualify for COVID-19-related paid sick leave (or do not have access to COVID-19-related time off).

These instructions will help you complete the necessary online application. To be eligible for the program, you must meet *all* of the eligibility requirements and apply online.

Go to oregon.gov/covidpaidleave for more information about the program, including frequently asked questions and the eligibility quiz. You can also find the **application form** there.

Make sure to truthfully complete the required questions on the application. You will be asked the following:
- Personal information, including a Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN).
- Employer and company details.
- Quarantine details, including information about who contacted you and the dates of quarantine.
- Verification that you meet other eligibility requirements.
- To authorize the Oregon Department of Revenue (ODR) to disclose your name, address, reported income, and employer information to the Department of Consumer and Business Services (DCBS) to administer the COVID-19 Temporary Paid Leave Program.
- To allow the Department of Revenue and the Department of Consumer and Business Services to use your SSN or ITIN for collections purposes if it is later determined you were not eligible to receive these benefits.
- Demographic information, which is optional.

Below are steps to complete the online application.

A red asterisk (*) on the form indicates a required field, answer, or question.

Applicant details
Step 1: Enter the following information inside the text boxes:
- Name. Include your first name, middle initial, and last name.
- Mailing address. Include your mailing address, city, state, and ZIP code (include the last four digits of the ZIP code, if known).
- Preferred phone number (numbers only). Include your area code and extension, if needed. You must provide a phone number (with area code) or email address to apply.
- Email address. If you do not have an email address, check "No email." You will not be able to add your email address if you check "No email."

Note: The Department of Consumer and Business Services will use your contact information to get or clarify any required information in your application and will notify you of the results.

Step 2: Enter your nine-digit Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) inside the text box.

Note: This application requires an SSN or ITIN. By providing this information, you are giving the Department of Consumer and Business Services permission to use your SSN or ITIN for collection purposes if we determine you were not eligible to receive these payments.

Step 3: Select "Yes" or "No" to authorize the following:
- Giving the Oregon Department of Revenue permission to disclose your name, address, reported income, and employer information to the Department of Consumer and Business Services to administer the COVID-19 Temporary Paid Leave Program.
- Giving the Department of Consumer and Business Services permission to use your SSN or ITIN for collection purposes if it is determined you were not eligible to receive the payments.

You must select "Yes" on both of these to participate in this program.

Employer/company details

Step 4: Enter the following information inside the text boxes:
- Your employer's name.
- Your employer's preferred phone number (numbers only). Include the area code and extension, if needed.
- The business address or job site location.

Step 5: Select from the drop-down list the number of days (up to 10 days) that you are scheduled (or anticipated) to work for your employer during your quarantine or isolation period.

Note: If you normally work shifts that are longer than 8 hours, take the number of hours you would have worked for the quarantine period and divide them by 8. For example, if you would have worked 10-hour shifts for 8 days, 8 X 10 = 80; 80 / 8 = 10 days. If you work fewer than 8 hours in a day, each day you were scheduled to work counts as one day.

Also, if you have multiple jobs and want to add another employer, you need to press the "Add another employer" button.

Step 6: **Select "True" or "False" for the following statements. Each of these statements must be "True" to qualify for this program. If you cannot answer "True" to each question, then you are not eligible to participate in this program.**
- I am not seeking or receiving unemployment insurance benefits to cover my lost time from work.
- I am not seeking or receiving time-loss payments through an active workers' compensation claim due to experiencing COVID-19 symptoms or COVID-19 exposure.
- My 2019 adjusted gross income was less than $60,000 ($120,000 for married filing jointly). If you did not file a 2019 Oregon income tax return, select "True."
  - **Note:** The adjusted gross income on the 2019 Oregon personal income tax return is on line 7 for Form 40 (full-year residents), and line 29F on Forms 40N (nonresidents) and 40P (part-year residents).

- I estimate my 2020 adjusted gross income will be less than $60,000 ($120,000 for married filing jointly).
- I work in Oregon.
- I have notified my employer that I must take leave to quarantine or isolate.
- My employer does not provide COVID-19-related paid sick leave.
- I am not able to work (including telework) because I have been advised to quarantine or isolate, or I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
- I am not seeking or receiving paid sick leave benefits from another Oregon program or another state.
- I am not furloughed due to loss of business or work by my employer.
- I am not seeking or receiving other paid leave from my employer.

Quarantine details

Step 7: Select "Yes" or "No" for the following statements:
- I am experiencing COVID-19 symptoms and self-isolating while seeking a medical diagnosis.
- I have been told by a local, public, or tribal health official, medical professional, or contact tracer to quarantine or isolate.

Step 8: Enter inside the text box the name of the state, local, or tribal public health official/medical provider who told you to quarantine or isolate. If you do not know the answer, enter N/A in this box.

Step 9: Use the drop-down menu to select the county of the state public health official, local public health official, medical provider, or county/tribal health agency that contacted you to quarantine or isolate. If you were contacted by a county outside of Oregon, click on "other" and enter the name of that county.

Step 10: Enter inside the text boxes the state, local, or tribal public health official/medical provider's phone number (include the area code and extension, if needed). If you do not know the answer, enter 000 for the area code, and 000-0000 for the phone number.

Step 11: Select "Yes" or "No" to authorize the Oregon Health Authority or tribal public health official to verify that you have COVID-19 or are a COVID-19 contact, along with information related to your quarantine or isolation period.

Step 12: Enter the date you began to quarantine or isolate. If your quarantine or isolation period ended before Sept. 16, 2020, you do not qualify for this program.

Step 13: Check the box to certify that all your answers are correct.

Step 14: Check the box that you agree to reimburse the State of Oregon the full value of any received payments if it is determined that payments were based on inaccurate, false, or fraudulent statements in the application, or otherwise did not meet program qualifications.

Step 15: Enter inside the text box your first and last name to certify that all of the information you provided is correct.

Demographic information

You are not required to answer any of the demographic questions, and your answers will not affect your eligibility or application. We will use this data only for statistical purposes.

Step 16: Select answers for the following information:
- Gender
- Age
- Race
- Ethnicity

Step 17: Check the box that reads, "I'm not a robot."

Step 18: Select "Submit" to complete your application or "Cancel" if you do not want to submit your application.

Note: Before selecting "Submit," you can edit your responses by scrolling up or down to change any of your answers.

After submitting the application

Once you have submitted your application, you should see the following message on your screen: "Thank you for submitting your application to the COVID-19 Temporary Paid Leave Program. We have received your submission."

You will receive a case number and the message will be sent to the email you provided on your application. You may want to write down this case number for your records.

When you press the submit button, if you are not eligible for the program, you will see notifications below the questions that make you ineligible. If you answered the question in error, you can change that answer and submit the form again. If you are found to have answered the questions incorrectly and received money from this program, you will be required to pay back that money.

What happens next?

Watch your email account you provided on your application. That is one of the ways we can reach you if we need more information. If your application is found to be ineligible, we will email you at that address.

Since this is a new program and we don't know the volume of applications we will receive each day, we are not sure how long it will take to process claims. Our goal is to have claims processed in two weeks, but that could depend on how quickly we can verify your information.

If you are found to be ineligible for this program, that communication will come via email. If you are notified that you are ineligible and believe it was an error, submit a new application or call our help line at **833-685-0850** (toll-free) or **503-947-0130.** For help in another language, call **503-947-0131.**

Contact us

oregon.gov/covidpaidleave
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