

Community Based Organization (CBO)

****CONFIDENTIAL**** Consent for COVID-19 Wraparound Assistance

Community Based Organization (CBO) information		
CBO name:	CBO staff name:	
Person requesting services information		
Name (first, middle, last):	Date of birth:	Phone number:
Address:	Date services requested:	
Known COVID-19 case information		
<i>Please complete as much information as you are able about your COVID-19 diagnosis.</i>		
Did you test positive for COVID-19?	Yes	No
Are you currently experiencing COVID-19 symptoms?	Yes	No
Did your positive result come from a PCR (lab) test?	Yes	No
Did your positive result come from a home test?	Yes	No
Date of positive test result: _____		

PERSON REQUESTING SERVICES: I agree to let the Community Based Organization (CBO) and staff person listed above see and use my personal information to help me receive short-term wraparound supports during my COVID-19 isolation or qualifying quarantine period. I agree to let the CBO listed above share my information with the Local Public Health Department (LPHA) in this county. The CBO and LPHA are required to protect and keep any signed information private. I agree that I experienced temporary loss of income or loss of employment because of my COVID-19 isolation. To the best of my knowledge, it is my understanding that I am not and have not, received rent/mortgage, utilities, and/or, food/grocery assistance that was specific to my isolation period.

Please keep the completed copy on file.

Client signature or e-signature_____

Date: _____

When client's signature is not feasible, can verbally confirm by:

Staff's name: _____ Staff's signature:_____

Organization's name _____

Date: _____

For CBO administrative use:	
CBO approval:	Date:
CBO denial:	Date:

Document Accessibility: 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 Dolly England at 503-951-1760 or dolly.a.england@dhsoha.state.or.us.

Please keep the completed copy on file.