
Community Based Organization

Wraparound Self-Referral Consent Form Training

Oregon
Health
Authority

Here's what we will talk about today:

- Language check
- Self-referral process and consent form

Language check



CBO: Community Based Organization

The term we will use when we are talking about organizations like yours

Typically this means a non-profit organization that serves community members.

LPHA: Local Public Health Authority

Otherwise known as your county public health department. They usually provide things like immunizations, food safety inspections, etc.

Local Public Health Authorities are leaders in the COVID-19 response.

Quarantine and Isolation

Quarantine means staying away from others when an individual has been within close contact of someone with confirmed COVID-19.

Isolation is defined as staying away from all other people after testing positive for COVID-19 until illness has met the definition of resolved.

Timeline for Isolation and Quarantine

- Typically 14 days.
- Local Public Health or their health care provider will provide them with the window that a person should be in isolation or quarantine.
- It can be longer than 14 days. If a person needs wrap services beyond 14 days reach out to your CEC.

Wrap Around Support

Support and reimbursement for quarantine and isolation related costs during the 14-day period like rent, childcare etc.

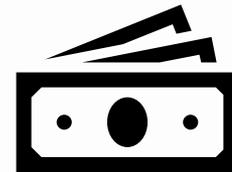
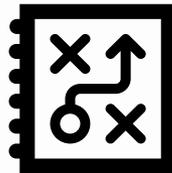
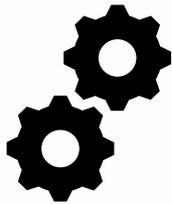
This is part of what makes our grant special. We can pay for things to keep people isolated or quarantined for 14 days to slow the spread of COVID-19.

Safety Net

Existing programs and services that serve Oregonians such as SNAP, Oregon Health Plan.

These supports were here before COVID-19 and will be here after COVID-19.

Self-referral consent form and process



Disclaimer

- We are going to talk through the **general** process for these requests
- Talk with your LPHA(s) to figure out what would work best for everyone
 - Sometimes written out in your MOU
- Process may look different depending on the needs of:
 - Your CBO
 - The LPHA
 - The person needing help

Non-LPHA referral

- You are trusted, have relationships.
- Another CBO reaches out
- A family or friend of one of your clients has a COVID-19 exposure.

Confirm COVID and give wraparound support

- CBO needs to:
 - Confirm COVID diagnosis or exposure with LPHA
 - Get signed “consent” from person to share information with LPHA and confirm COVID exposure
- In the meantime, the CBO can:
 - Pay for short-term, wraparound help for **5 business days**. What does person need right now to stay safe in isolation or quarantine?

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
✗	✓	✓	✓	✓	✓	✗

The Consent Form for self-referrals

Why the consent form for self-referrals?

- Protect your client
- Protect your CBO
- Share information to help get the person what they need

The consent form for self-referrals

OFFICE OF THE DIRECTOR
Office of the State Public Health Director



Community Based Organization (CBO) Consent for COVID-19 Wraparound Assistance

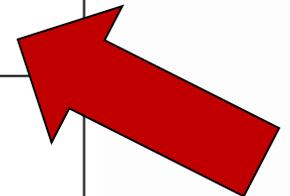
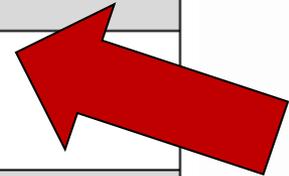
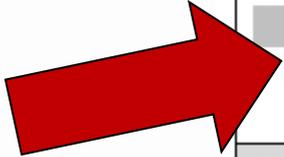
Community Based Organization (CBO) information		
CBO name: [REDACTED]	CBO staff name: [REDACTED]	
Person requesting services information		
Name (first, middle, last): [REDACTED]	Date of birth: [REDACTED]	Phone number: [REDACTED]
Address: [REDACTED]	Date services requested: [REDACTED]	
Known COVID-19 case information		
<i>Please complete as much information as you are able about the person who is known to have exposed applicant to COVID-19.</i>		
Name (first, middle, last): [REDACTED]	Date of birth: [REDACTED]	Phone number: [REDACTED]
Address: [REDACTED]	County of residence: [REDACTED]	

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 and quarantine period. I agree to let the CBO listed above share my



Consent form for self-referrals

Community Based Organization (CBO) information		
CBO name: [REDACTED]	CBO staff name: [REDACTED]	
Person requesting services information		
Name (first, middle, last): [REDACTED]	Date of birth: [REDACTED]	Phone number: [REDACTED]
Address: [REDACTED]	Date services requested: [REDACTED]	
Known COVID-19 case information		
<i>Please complete as much information as you are able about the person who is known to have exposed applicant to COVID-19.</i>		
Name (first, middle, last): [REDACTED]	Date of birth: [REDACTED]	Phone number: [REDACTED]
Address: [REDACTED]	County of residence: [REDACTED]	



Consent form for self-referrals

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 and 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.

Signature


Date

Important!

- There are a few ways the person can “sign” this form
 - Paper copy given to CBO
 - Over email – “electronic” signature
 - Verbal consent: the CBO fills this out with the person over the phone and they “sign” remotely

Consent form for self-referrals

For CBO/LPHA administrative use:	
CBO approval:	Date: <input type="text"/>
LPHA approval:	Date: <input type="text"/>
CBO denial:	Date: <input type="text"/>
LPHA denial:	Date: <input type="text"/>

What to do with this form?

- **Do not send to OHA**
- Keep a copy for your records
- Communicate to LPHA via **secure method** to keep client information private and confidential
 - LPHA sends CBO a secure email
 - CBO has own secure email software
 - CBO sends LPHA fax
 - CBO and LPHA talk this through over the phone

Need help?

- Your Community Engagement Coordinator is your resource!

Community Engagement team



Carina
Guzman



Dolly
England



Jameela
Norton



Larry Hill



Josillia
Johnson



Dani Galvez



Christine
Rankin



Vanessa
Cardona



Palmira
Veloz



Charina
Walker

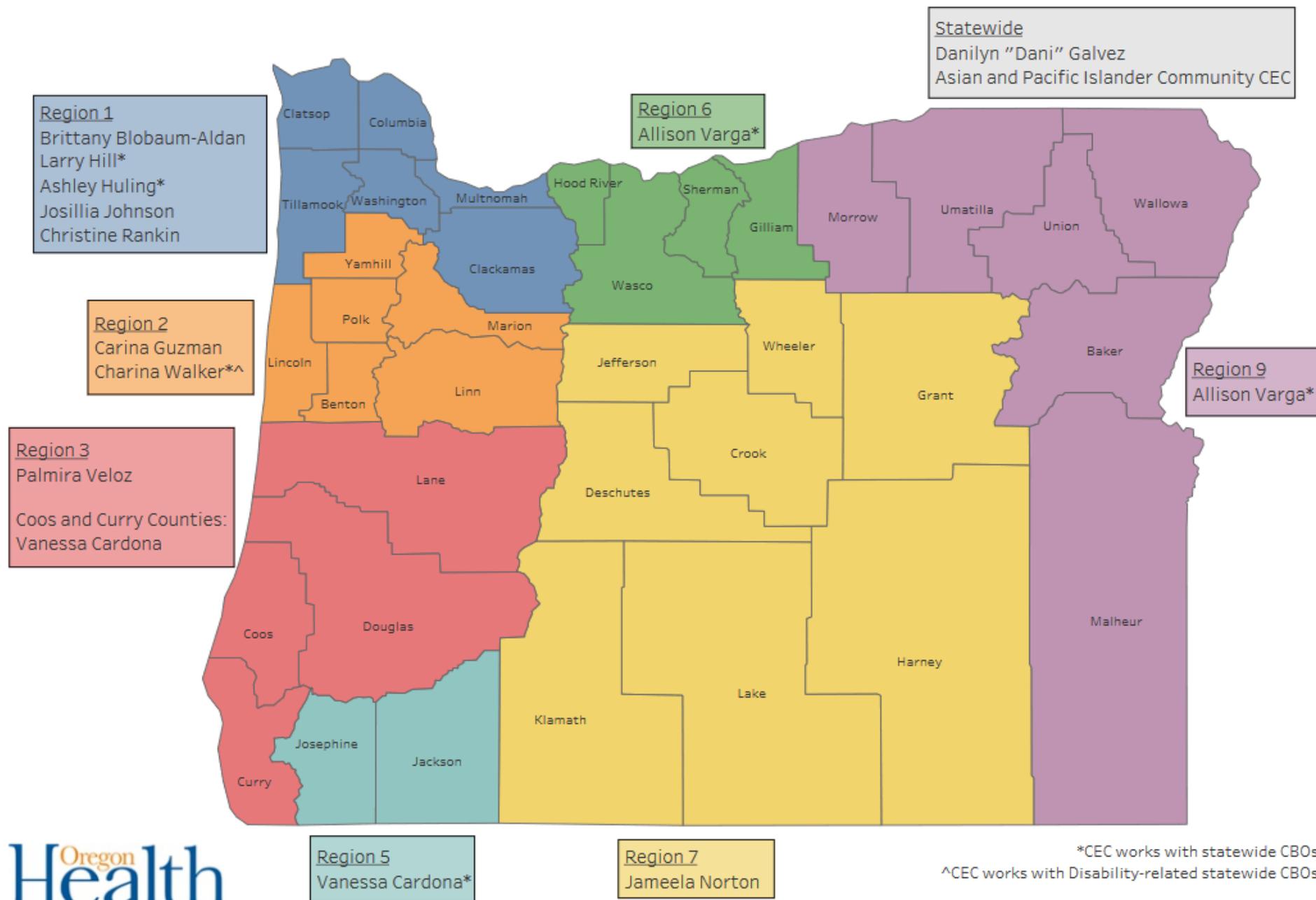


Allison
Varga



Ashley Huling

Oregon Community Engagement Coordinators by Region



How to contact CEC Team

- Not sure who your CEC is ?
 - Email our general inbox at:
Community.Covid19@dhsosha.state.or.us

Thank You!

