

CAREAssist Information Change Form

Complete this form if you are an active CAREAssist member and need to update your information. Check the box and complete only the section(s) that need to be updated. Submit all four (4) pages & required documents via mail to: **CAREAssist, PO Box 14450, Portland, OR 97293; email to care.assist@state.or.us; or fax to 971-673-0177.**

Full Legal Name

First:	Last:	Date of Birth: ____ / ____ / ____
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Change Legal Name

Required documents: Social Security card or new legal name, government issued ID/driver's license in new legal name, legal affidavit stating former and new legal name or marriage license.

1. Former or Old Legal Name (first and last name):

2. New Legal Name (first and last name):

Change Residence Address

No documents required. Proof of home address will be requested at your next Client Eligibility Review.

1. Are you currently homeless? (*mailing address still required*) Yes No

2. Residential Address (where you sleep, no PO boxes):

3. Apartment/Unit #:

4. City

5. State

6. Zip Code

7. Do you want mail, including your CAREAssist card, sent to your new residential address? Yes No - fill in next section.

Change Mailing Address

No documents required.

1. Mailing Address (if different than residential address):

2. Apartment/Unit #:

3. City

4. State

5. Zip Code

Change Demographic Information

Required documents: Update information below. No additional documentation is required to change your demographic information.

1. Gender: Male Female Transgender (Male to Female) Transgender (Female to Male) Transgender (Transition unknown)

2. Are you currently pregnant? Male - Not Applicable Yes - Due Date: _____ / _____ No

3. Relationship Status ("Partnered" can be checked in addition to "Divorced," "Separated," or "Widowed," if applicable)

- Single: *never married and not living with girlfriends, boyfriends, partners or significant others*
- Married - State & Federally recognized: *legally married as defined by Oregon*
- Married - Federally recognized only: *legally married in another state but not legally married as defined by Oregon*
- Divorced: *was legally married but is no longer legally married*
- Separated: *legally married but living apart from legal spouse* **Date separated:** _____
- Partnered: *not legally married and living with girlfriend, boyfriend, partner or significant other*
- Widowed: *was legally married but spouse became deceased and surviving spouse has not legally remarried*

Change Family/Dependent Information

Family is considered all persons related by blood, state or federal defined legal marriage and/or legal adoption living in the same dwelling. Family size does not include common law spouses, girlfriends, boyfriends, partners or significant others.

Required documents: Income documentation is required for all family members age 18 or older living with the applicant.

1. Family size: _____ (Cannot be "0." Must be at least "1.")

Spouse full legal name	Social Security Number	Date of Birth	Gender	Relationship	On CA?
				Legal Spouse	

Other family members

Full legal name	Date of Birth	Relationship	On CA?

Change Applicant Employment Information

Required documents: No additional documentation is required to change your employment information.

1. What is your current employment status? **Check only one**

- Employed - full time Employed - part time Employed - seasonal/temporary Unemployed

2. If employed, what is your employer's name and address? (List all employers, if more than one.)

3. How often are you paid?

Once a week Every 2 weeks Once a month Other, specify: _____

Change Household Income Information

Required documents: Income documentation must be provided for all sources checked below for all household members age 18 or older. If the applicant is younger than 18 years old, income is considered for each parent living in the home unless there are extenuating circumstances.

1. Does your household receive income from any of the following sources? **Check all that apply.**

Type of Income	Please check: <i>Applicant / Household</i>		Monthly Amount	Required Documentation
Work income (wages, tips, commissions)			\$	2 months current, consecutive paystubs for ALL jobs
Self-employment income			\$	Last year's federal tax return, including Schedule C (if filed) AND previous 6 months bank statements reflecting deposits (all accounts)
Unemployment Insurance			\$	Stubs/Award letter
Social Security Income (SSI)			\$	This year's annual award letter
Social Security Disability Insurance (SSDI)			\$	This year's annual award letter
Pension/retirement income			\$	Annual benefit statement
Short/Long Term Disability			\$	Award letter
Veterans benefits			\$	Benefit award letter
Alimony/Child support			\$	Benefit award letter or other official documentation
TANF			\$	Most recent payment statement or Benefit notice
Stocks, bonds, cash dividends, trust, investment income, royalties			\$	Document from financial institution showing income received, values, terms & conditions
Rental Property Income			\$	Schedule E and 3 months banks statements
Legal spouse's income			\$	See above for required documents by type of income
Other income			\$	Depends upon income. Call CAREAssist.

No Income Statement

I declare I do not receive income from any of the sources listed above. I use the following resources to help meet basic needs such as food, rent, etc.: _____

Applicant/legal guardian's signature

Date (month/day/year)

Change Insurance Information

Required documents: Update information below. A copy of your current insurance card must be provided.

<input type="checkbox"/> Oregon Health Plan (OHP) (Medicaid)	<input type="checkbox"/> Medicare <i>(mark all that apply)</i>	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> OHP # _____ <input type="checkbox"/> CCO _____ <input type="checkbox"/> OHP Open Card (FFS) <input type="checkbox"/> Dual Eligible (OHP + Medicare) <input type="checkbox"/> CAWEM	<input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D _____ <input type="checkbox"/> Low income subsidy <input type="checkbox"/> Qualified Medicare Beneficiary	<input type="checkbox"/> Marketplace Plan (via www.healthcare.gov) <input type="checkbox"/> Non-Exchange Plan Metal Level (check one): <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum

<input type="checkbox"/> Employer Coverage	<input type="checkbox"/> Other Public Insurance	<input type="checkbox"/> No insurance
<input type="checkbox"/> Group policy <i>(through employer or spouse/parent employer)</i> <input type="checkbox"/> COBRA <i>(end date):</i> _____	<input type="checkbox"/> VA Benefits # _____ <input type="checkbox"/> Indian Health Services	Comments: _____ _____ _____

For all insurance plans:

Insurance Carrier: _____ Plan Name: _____
 Policy ID Number: _____ Policy Group Number: _____
 Prescription ID Number *(if different)*: _____
 Primary policy holder's name: _____

CAREAssist records show that you have signed the program Authorization (Part 9 of the CAREAssist Application form-DHS 8406) agreeing to program policies, procedures and conditions of program participation. Please call the program if you want to request a copy.

Do you still agree to the conditions outlined in Part 9 of your original CAREAssist application? Yes No

Signature

Date

Mail to CAREAssist, PO Box 14450, Portland, OR 97293; email to care.assist@state.or.us; or fax to 971-673-0177.