RH Access Fund Eligibility and Enrollment Training

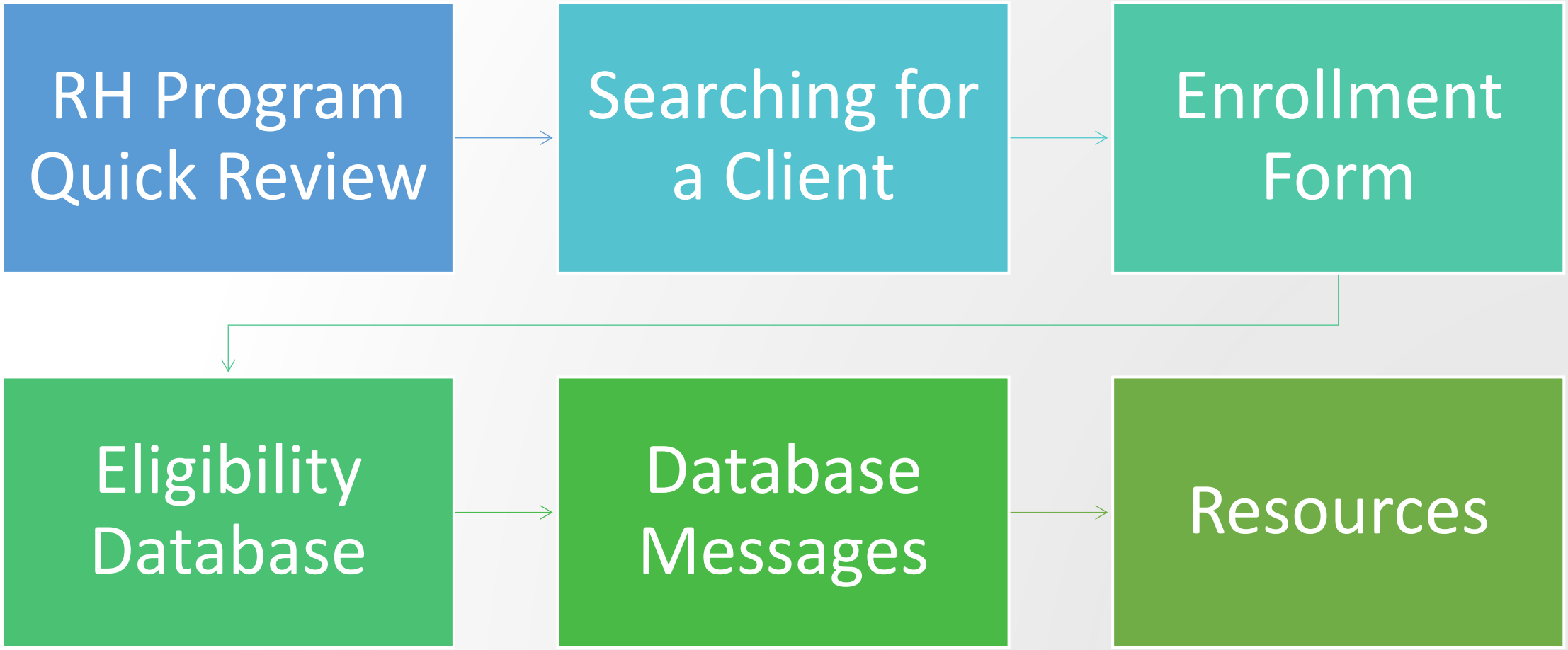
For RHCare, CCare, and AbortionCare Clinics

ORHP

Oregon Reproductive Health Program

Access. Equity. Quality.

Agenda



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Helpful References

- Log into the Eligibility Database
- RH Access Fund Enrollment Form
- RH Access Fund Citizen and Immigration Status Chart
- RH Access Fund Enrollment Form Quick Guide

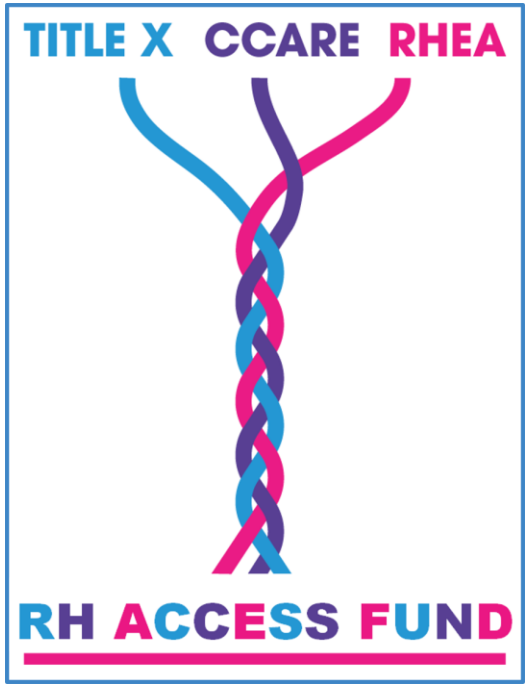
RH Program Quick Review

Clinic Types

	RHCare	CCare	AbortionCare
Services Covered	Family Planning visits and related preventative care	Contraception	Abortion
Reproductive Capacity	Able to get pregnancy or get someone else pregnant	Able to get pregnancy or get someone else pregnant	Able to get pregnant
Income	≤ 250% FPL	≤ 250% FPL	≤ 250% FPL
Oregon Resident	Not Required	Required	Required
Citizenship/ Immigration Status	No requirements	U.S. Citizenship or Eligible Immigration Status	Another Status

What is the RH Access Fund?

RH Access Fund braids the three funding streams to make the most people eligible for coverage of the widest range of services possible.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Who is eligible to enroll in the RH Access Fund?

Anyone who:

- Is at or below 250% of the Federal Poverty Level,
- Can get pregnant themselves, or get someone else pregnant, and
- Is not enrolled in full-benefit OHP.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

CCare Clinics – Add'l Criteria

- Live in Oregon, and

- Have U.S. Citizenship or Eligible Immigration Status. This includes people who:
  - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
  - Have become U.S. citizens
  - People with refugee or asylee status

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

CCare
Contraceptive Care

AbortionCare Clinics – Add'l Criteria

- Lives in Oregon

- Has Another Status for immigration
  - DACA
  - Lawful Permanent Resident status < 5 years
  - Student visas
  - Undocumented

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

AbortionCare

Searching for a client

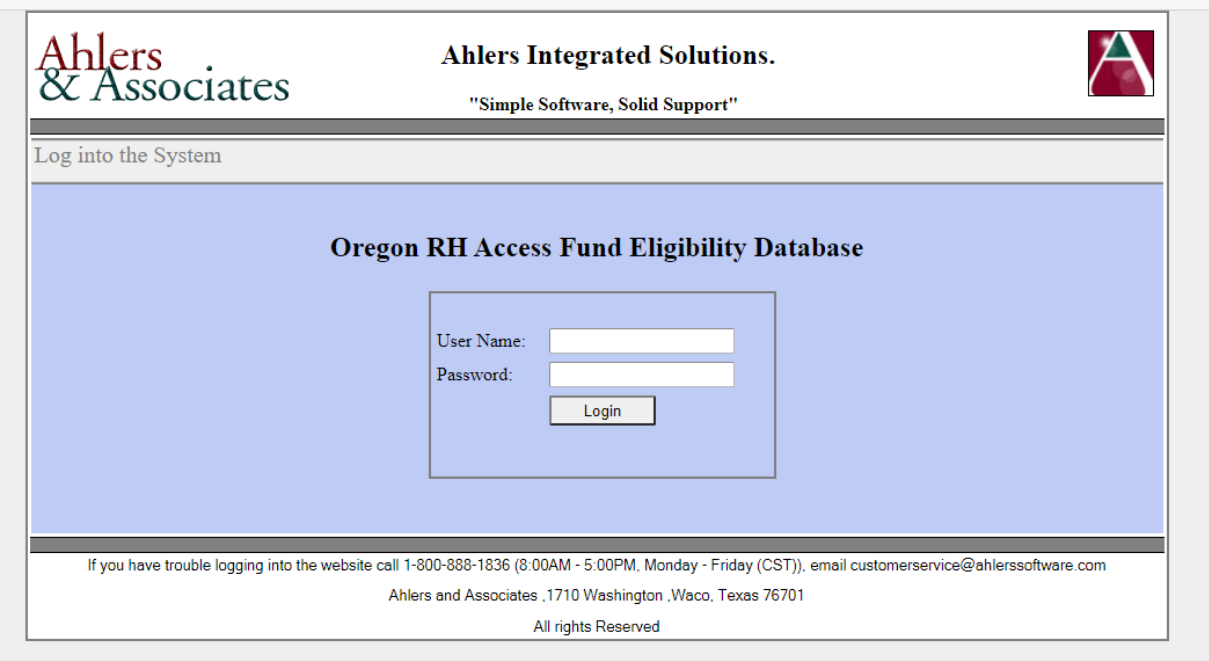
Meet your new client, Alex!

Things to Consider:

- Is Alex enrolled in the RH Access Fund?
  - Check the Eligibility Database
- What does Alex need to do to enroll and receive services at your clinic?
  - Enrollment Form
  - Citizenship Documentation (if applicable)
- After completing the enrollment form, what do staff need to do?
  - Enter information in the Eligibility Database

Is Alex already enrolled?

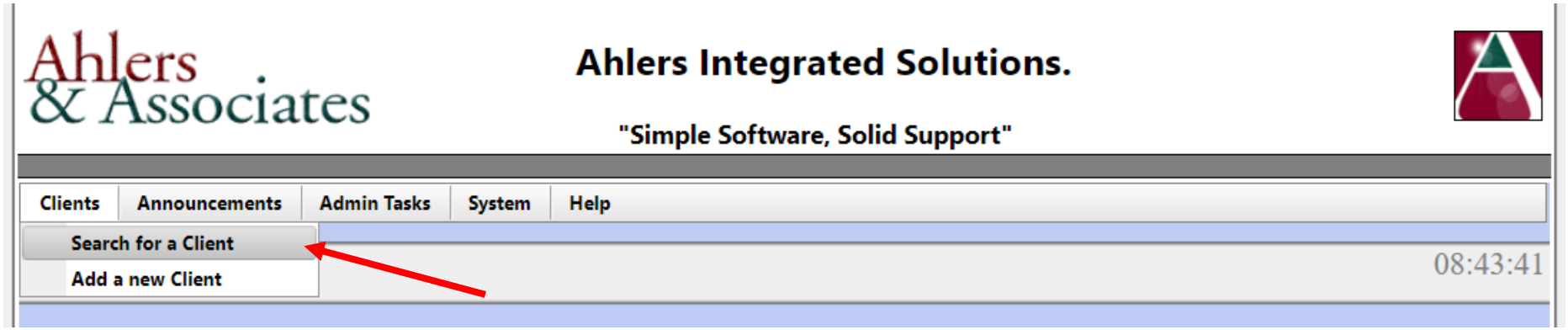
- Go to https://orhp.ahlerssoftware.com/
- If you do not have access to Ahlers, complete and submit this form: Ahlers User ID/Password for agencies with 1-9 clinics



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Searching for Alex

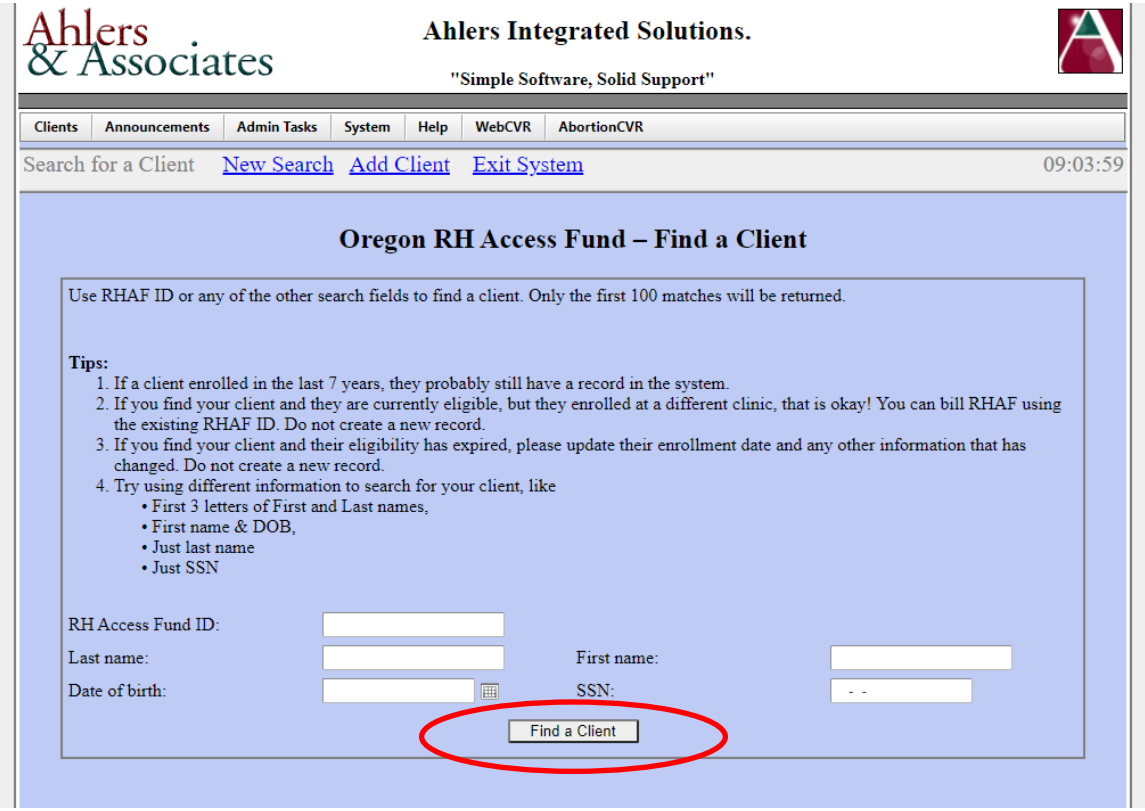
- After logging into the Eligibility Database, hover the cursor over “Clients” in the top left corner.
- When the drop-down menu appears, click “Search for a Client”.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Find a Client

- Enter client's information in one or more search fields and click Find a Client. The database will show the first 100 matches.



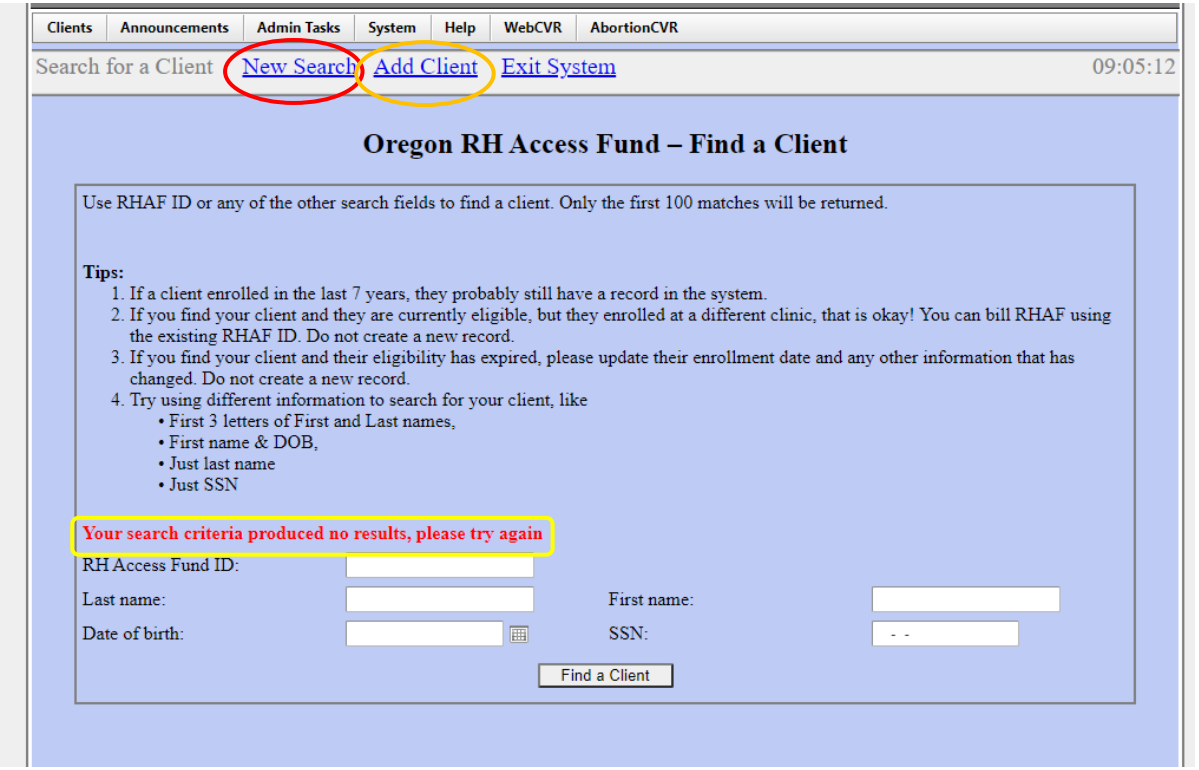
ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Find a Client - Tips

- Search using different combinations of information. For example:
  - First name + Date of birth
  - SSN
  - Last name + First name
  - Just Last name
- The name fields allow partial information. For example, you can search by entering just the first 3 letters of the last name and/or first name.

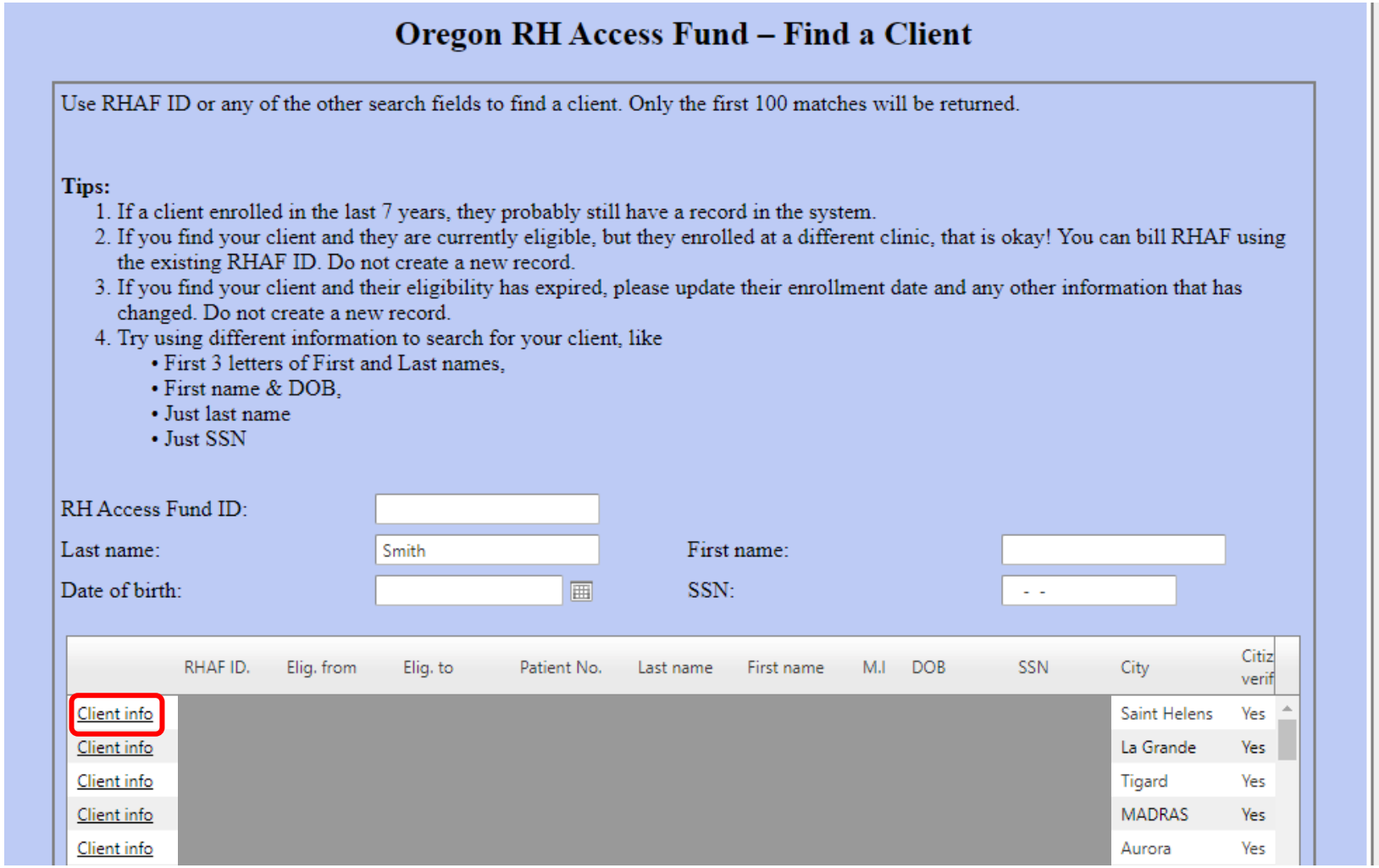
Find a Client – No Results

- Search again by clicking on New Search, or
- Add the client, but only if you've tried a few different combinations of information



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Find a Client – Multiple Results



Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
   - First 3 letters of First and Last names,
   - First name & DOB,
   - Just last name
   - Just SSN

RH Access Fund ID:

Last name: Smith

First name:

Date of birth:

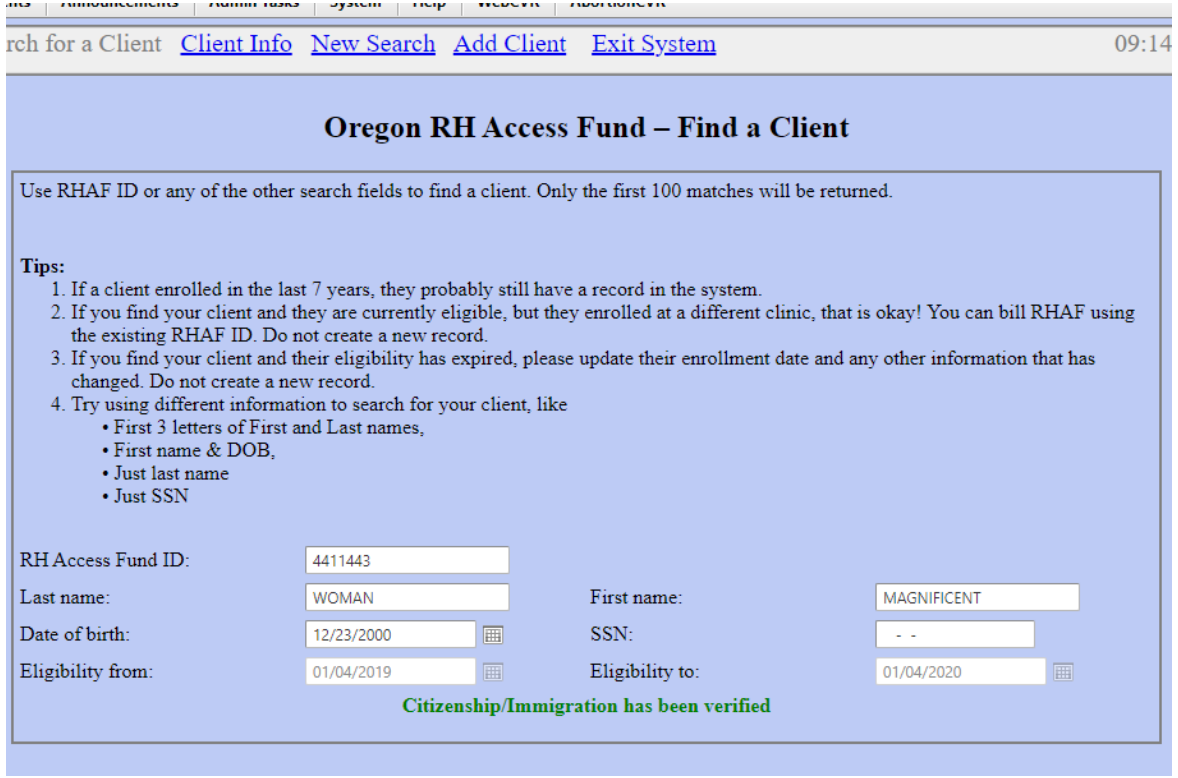
SSN: - -

	RHAF ID.	Elig. from	Elig. to	Patient No.	Last name	First name	M.I	DOB	SSN	City	Citiz verif
Client info										Saint Helens	Yes
Client info										La Grande	Yes
Client info										Tigard	Yes
Client info										MADRAS	Yes
Client info										Aurora	Yes

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Find a Client – Success!

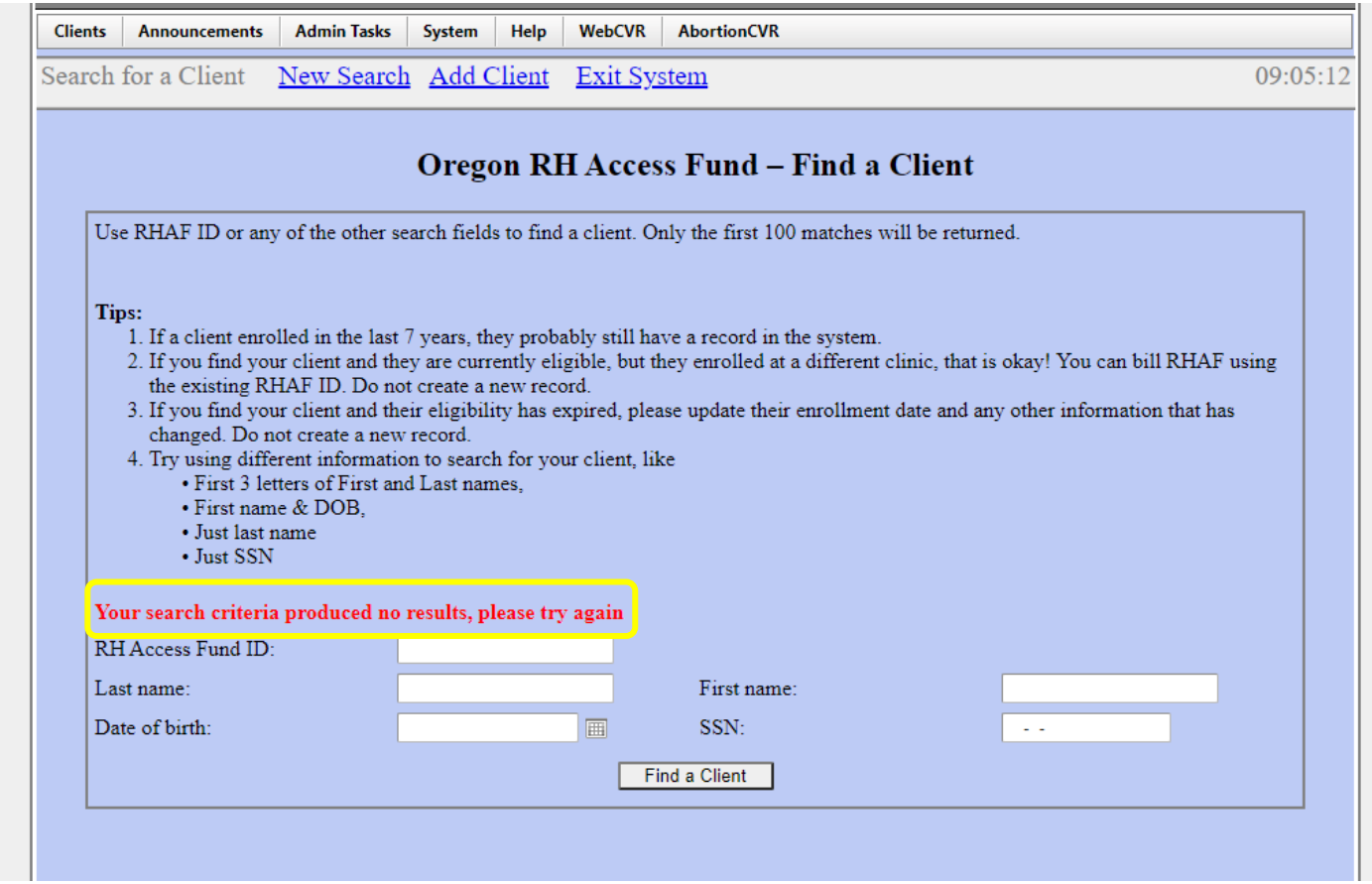
- If the search is successful, all the fields on the Find a Client screen will be filled and you will see a message about client's eligibility status.
- If the client's record needs to be updated or reviewed in detail, click on the Client Info link near the top of the screen.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

When searching for Alex…

- No match so let's enroll, Alex.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Enrollment Form

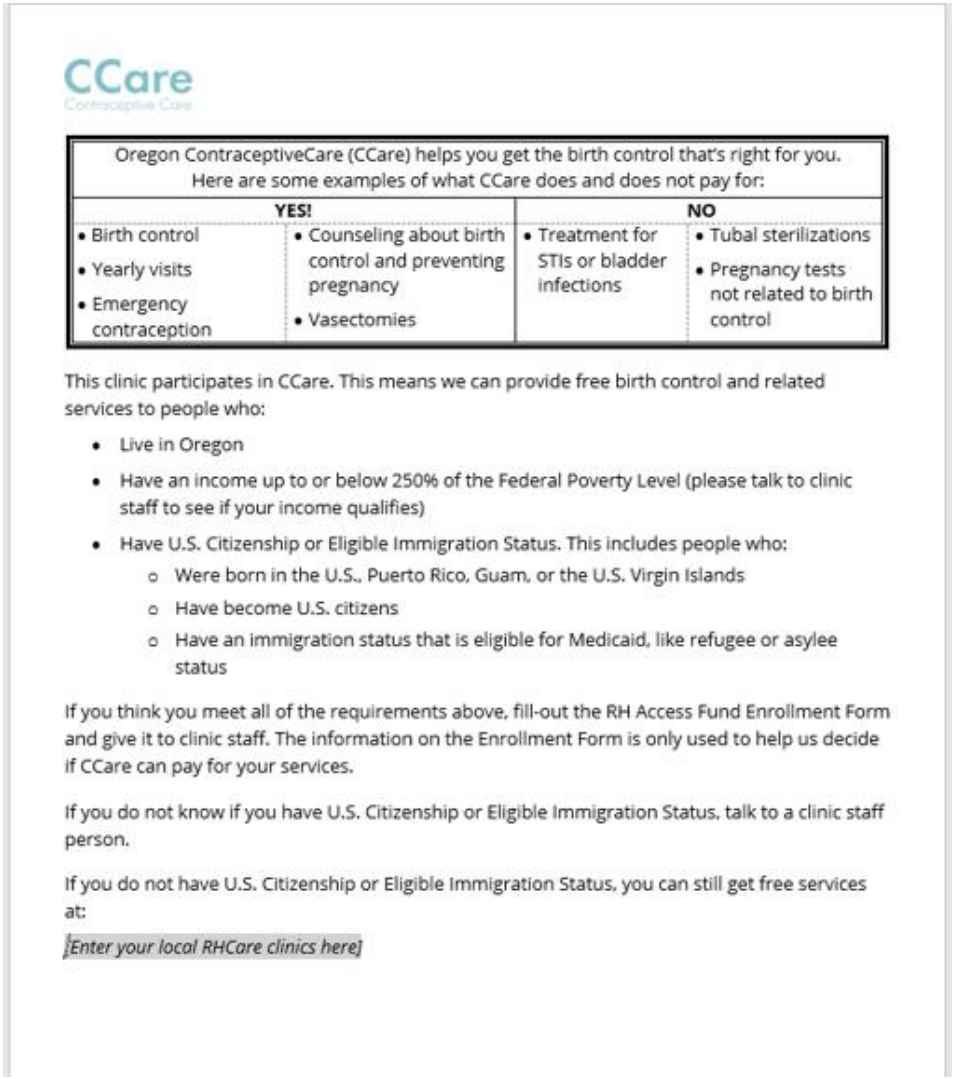
Enrollment Form Languages

- English
- Spanish
- Korean
- Marshallese
- Russian
- Simplified Chinese
- Vietnamese

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

CCare Clinics - Enrollment Form Cover Page

- Enrollment form determines eligibility at all clinics
- CCare Cover page describes:
  - CCare eligibility requirements
  - What CCare pays for
- Use the blank space at the bottom to add local RHCare clinics for folks who are not eligible at your CCare clinic



CCare
Contraceptive Care

Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you. Here are some examples of what CCare does and does not pay for:			
YES!		**NO**	
• Birth control • Yearly visits • Emergency contraception	• Counseling about birth control and preventing pregnancy • Vasectomies	• Treatment for STIs or bladder infections	• Tubal sterilizations • Pregnancy tests not related to birth control

This clinic participates in CCare. This means we can provide free birth control and related services to people who:

- Live in Oregon
- Have an income up to or below 250% of the Federal Poverty Level (please talk to clinic staff to see if your income qualifies)
- Have U.S. Citizenship or Eligible Immigration Status. This includes people who:
  - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
  - Have become U.S. citizens
  - Have an immigration status that is eligible for Medicaid, like refugee or asylee status

If you think you meet all of the requirements above, fill-out the RH Access Fund Enrollment Form and give it to clinic staff. The information on the Enrollment Form is only used to help us decide if CCare can pay for your services.

If you do not know if you have U.S. Citizenship or Eligible Immigration Status, talk to a clinic staff person.

If you do not have U.S. Citizenship or Eligible Immigration Status, you can still get free services at:

[Enter your local RHCare clinics here]

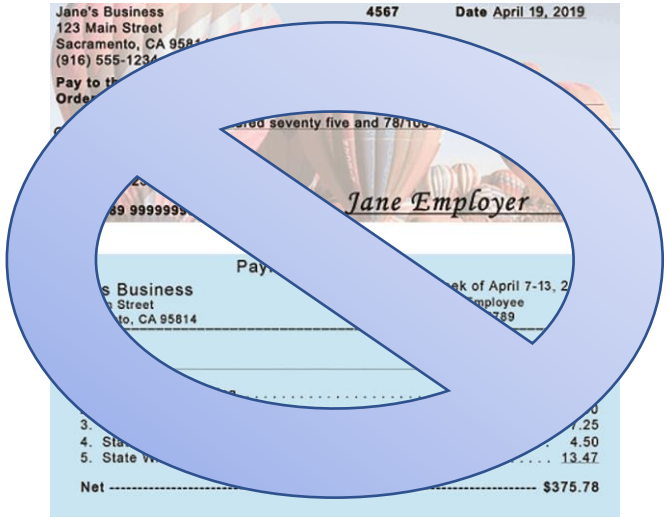
ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Enrollment Form

- Three Sections:
  - Eligibility – determines coverage and funding source
  - For Clinic Staff box
  - Demographics – Optional
- Keep the enrollment form on file for 7 years
- Remote enrollment is allowed. A form must be completed by staff.

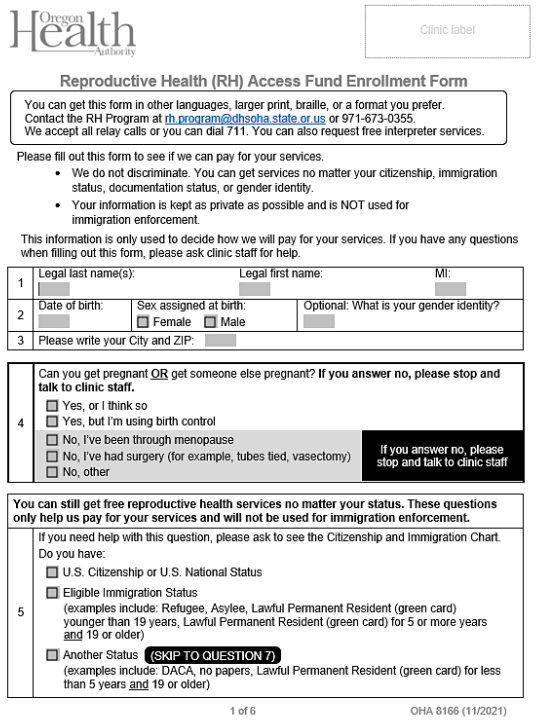
What if Alex declines to complete the enrollment form?

- **RHCare** clinics must still provide same services.
- Be transparent about fees! Explain to client that if they provide household size/income, it may reduce their fees.
- Clinics may not require proof of income.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Alex decides to complete the form…



Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer.
Contact the RH Program at rh.program@dhsoha.state.or.us or 971-673-0355.
We accept all relay calls or you can dial 711. You can also request free interpreter services.

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s):	Legal first name:	MI:
2	Date of birth:	Sex assigned at birth: ☐ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP:		

4 Can you get pregnant OR get someone else pregnant? **If you answer no, please stop and talk to clinic staff.**

- ☐ Yes, or I think so
- ☐ Yes, but I'm using birth control
- ☐ No, I've been through menopause
- ☐ No, I've had surgery (for example, tubes tied, vasectomy)
- ☐ No, other

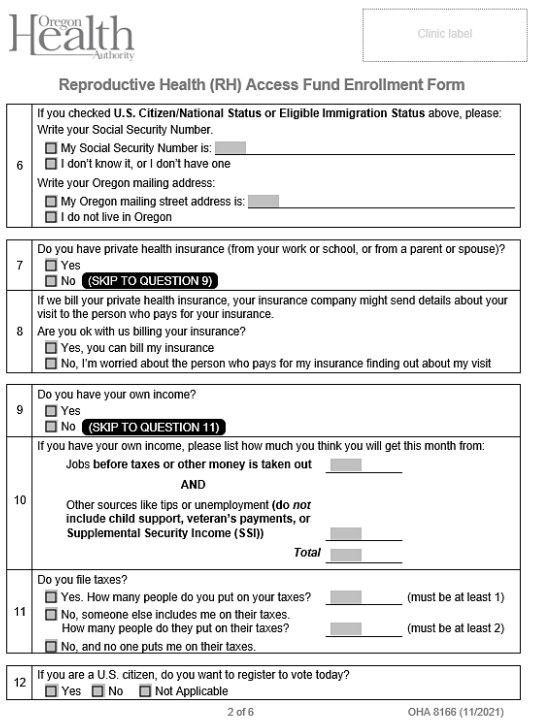
If you answer no, please stop and talk to clinic staff

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

5 If you need help with this question, please ask to see the Citizenship and Immigration Chart.
Do you have:

- ☐ U.S. Citizenship or U.S. National Status
- ☐ Eligible Immigration Status
  (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older)
- ☐ Another Status (SKIP TO QUESTION 7)
  (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

1 of 6 OHA 8166 (11/2021)



Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

6 If you checked **U.S. Citizen/National Status or Eligible Immigration Status** above, please:
Write your Social Security Number.

- ☐ My Social Security Number is:
- ☐ I don't know it, or I don't have one

Write your Oregon mailing address:

- ☐ My Oregon mailing street address is:
- ☐ I do not live in Oregon

7 Do you have private health insurance (from your work or school, or from a parent or spouse)?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 9)

8 If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance.
Are you ok with us billing your insurance?

- ☐ Yes, you can bill my insurance
- ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

9 Do you have your own income?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 11)

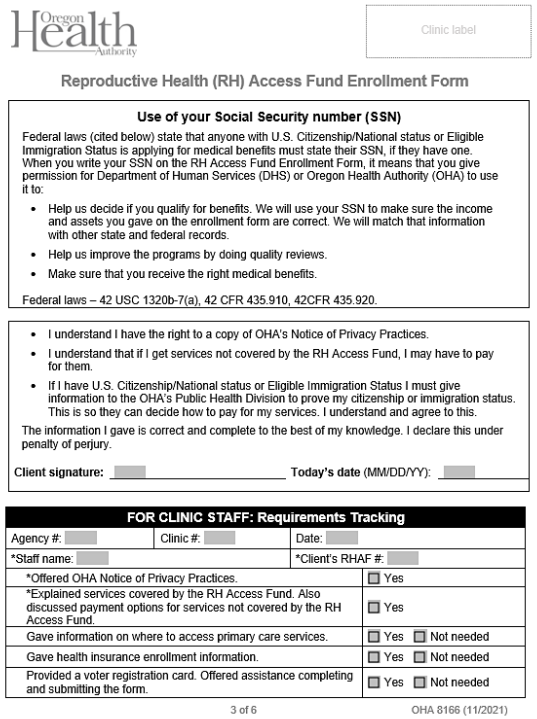
10 If you have your own income, please list how much you think you will get this month from:
Jobs **before taxes or other money is taken out**
AND
Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))**
Total

11 Do you file taxes?

- ☐ Yes. How many people do you put on your taxes? (must be at least 1)
- ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? (must be at least 2)
- ☐ No, and no one puts me on their taxes.

12 If you are a U.S. citizen, do you want to register to vote today?
☐ Yes ☐ No ☐ Not Applicable

2 of 6 OHA 8166 (11/2021)



Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: **Today's date** (MM/DD/YY):

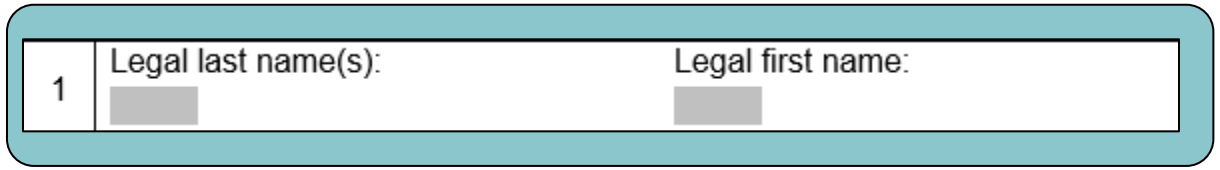
FOR CLINIC STAFF: Requirements Tracking

Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

3 of 6 OHA 8166 (11/2021)

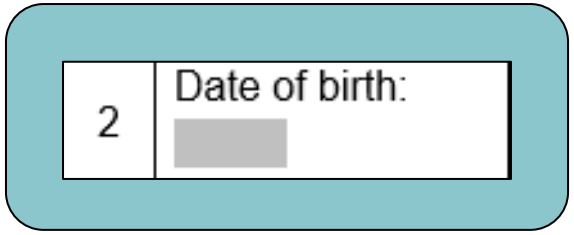
1. Legal Name



- Name on other government documents (e.g. birth certificate, driver's license)
- Not nicknames
- Used to verify clients' citizenship and income

2. Date of Birth, Sex Assigned at Birth, Gender

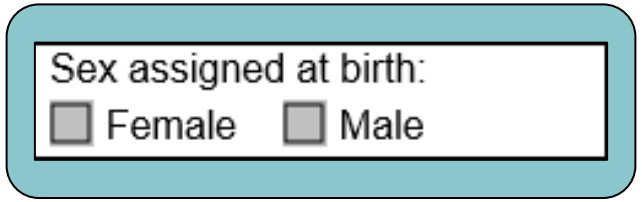
- Ask client to use the U.S. Convention of month, day, year.



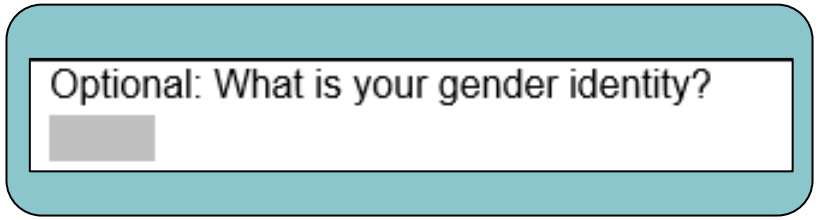
ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

2. Continued

- Sex Assigned at Birth – what was originally marked on birth certificate
  - Use to determine funding stream eligibility



- Optional: What is your gender identity



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

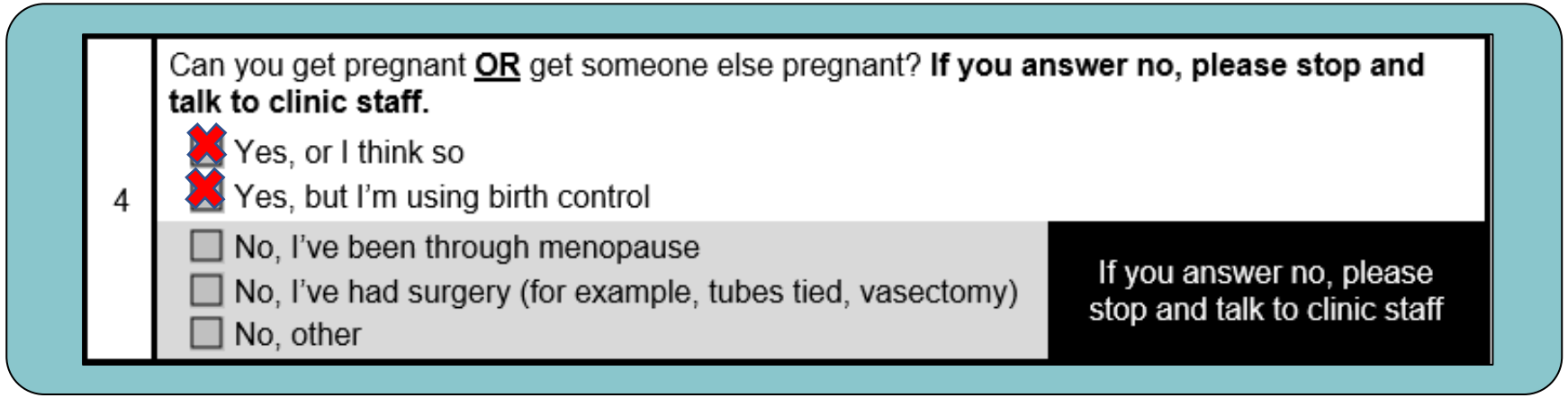
3. City and Zip

- Two of our funding streams will only pay for clients who live in Oregon.
  - ★Important for CCare and AbortionCare clinics
- If the client does not have an address or is uncomfortable providing their city and zip code, they may write the city and zip of the clinic.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

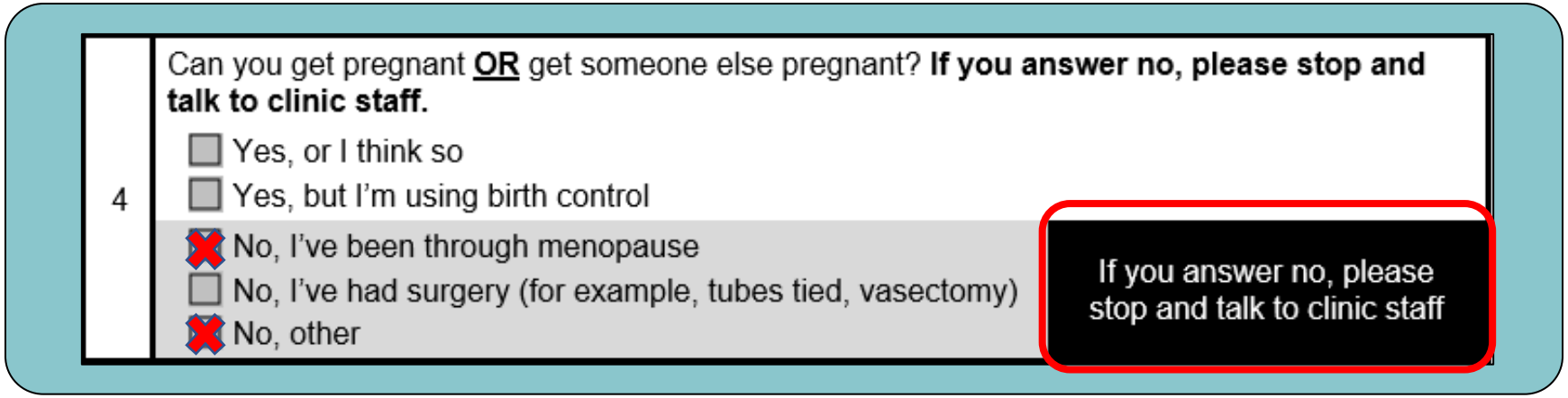
4. Reproductive Capacity

- Clients must be able to get pregnant or get someone else pregnant
- If a client chooses a Yes option, they are eligible for RHAF
  - Does not matter what the reason is



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

4. Reproductive Capacity, Con't

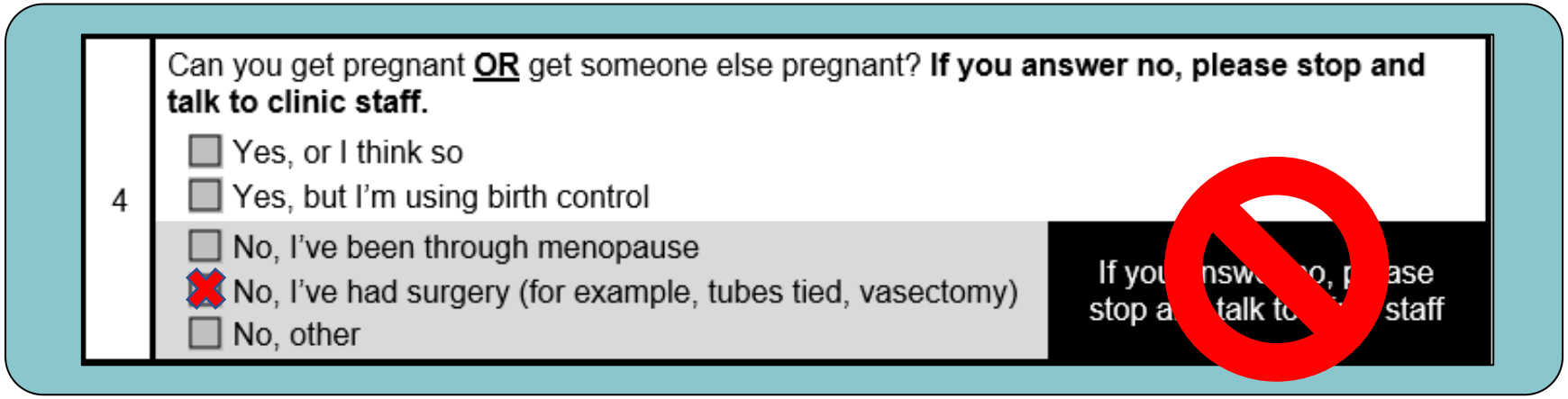


- If the client responds with "No, I've been through menopause" or "No, other," they are NOT eligible for RHAF

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

“No, I’ve had surgery” Response

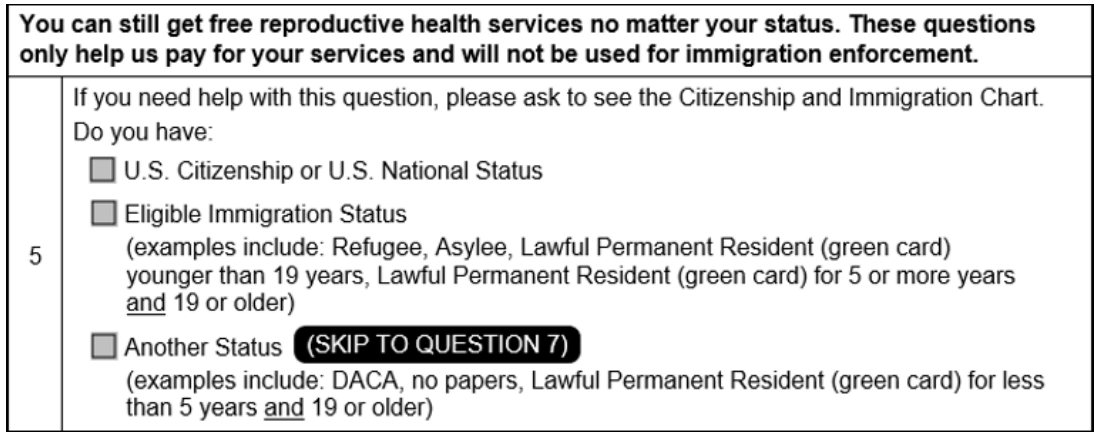
- Sterilization (vasectomy, BTL, Essure and related methods) no longer disqualifies a client from enrolling.
- Why?
  - Sterilization methods are not 100% effective
  - People of color, poor folks, and disabled folks have disproportionality experienced forced or coerced sterilization
- Client is eligible for RHAF and should complete the enrollment form.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

5. Citizenship/Immigration Status

- Used to determine funding stream
- None of the answers make a client ineligible for the RH Access Fund, however,
  - ★At CCare clinics, services will only be covered for enrollees with U.S. Citizenship or National Status or Eligible Immigration Status.
  - ★At AbortionCare clinics, services will only be covered for enrollees with Another Status.



You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.	
5	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☐ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

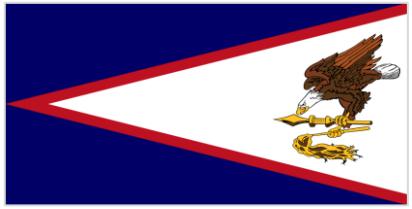
U.S. Citizen or U.S. National:

U.S. Citizen

- Born in:
  - U.S.,
  - Puerto Rico,
  - Guam, or
  - U.S. Virgin Islands
- Naturalized as a U.S. Citizen
- Gained citizenship through the Child Citizenship Act of 2000
- Born outside the U.S. to a U.S. citizen

U.S. National

- Born in:
  - American Samoa, or
  - Commonwealth of Northern Mariana Islands



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Eligible Immigration Status

- Includes:
  - Refugees,
  - Asylees,
  - Work or Student Visas (if younger than 19)
  - Lawful Permanent Residents (if younger than 19 or 19+ and have had LPR status for 5 years)

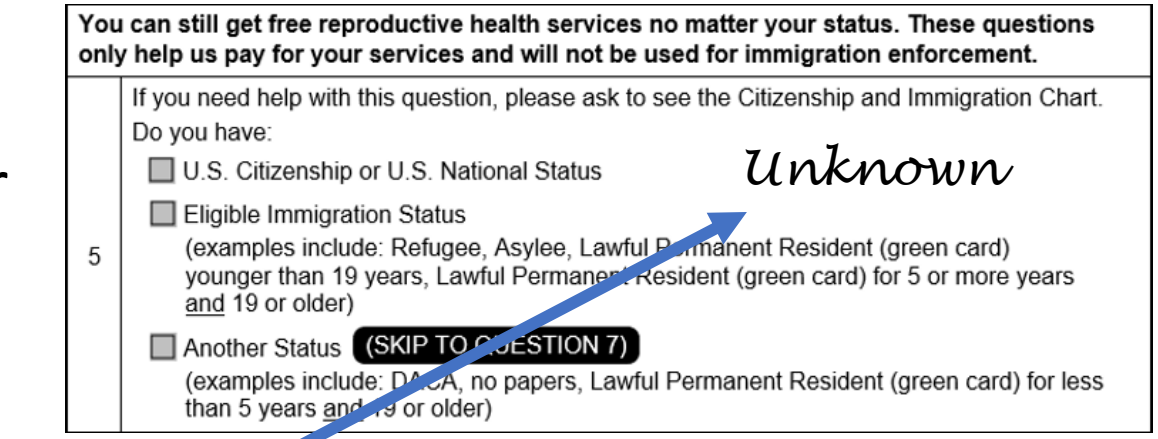
Another Status

- Includes:
  - DACA
  - Undocumented
  - Work or Student Visas (if 19 or older)
  - Lawful Permanent Residents (if 19+ and had LPR status for <5 years)

New Guidance for Question 5

Starting April 1, 2025,

- No response is required for clients **without** U.S. Citizenship or National status.
- *All* clients should be provided the *same* instructions either verbally or in writing:
  - Clients with U.S. citizenship/National status should complete question 5.
  - Other clients may skip question 5 and go to question 7.
- If left blank by the client, clinic staff should write “Unknown” on the form.



When a client doesn't know…

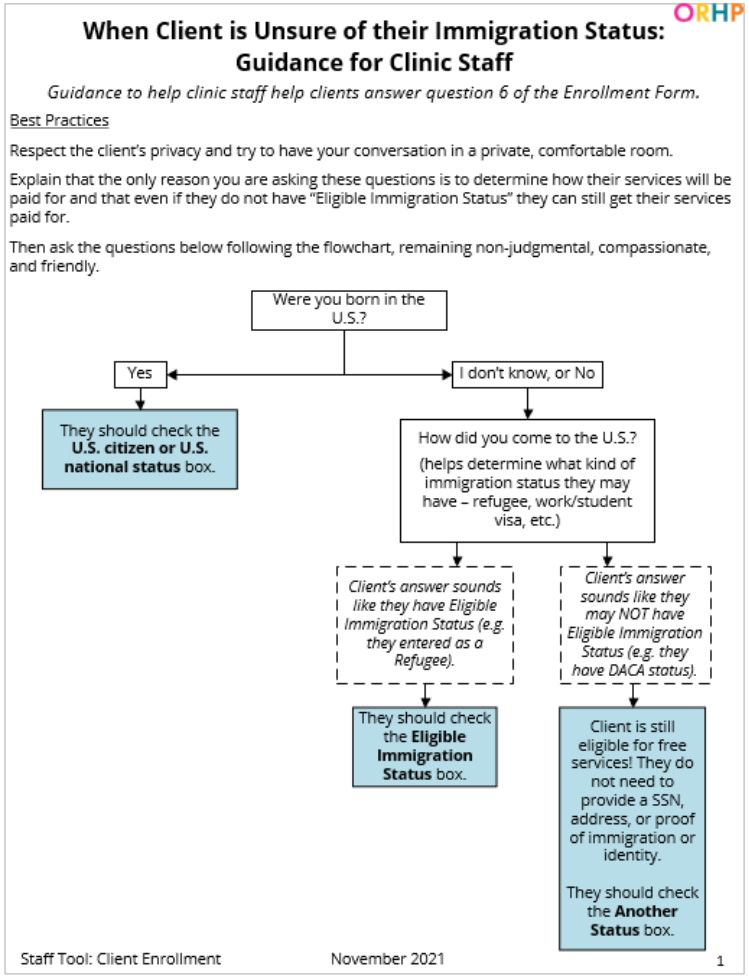
RH Access Fund Citizen and Immigration Status Chart

ORHP

Instructions for Question 5 of the RH Access Fund Enrollment Form: 1. Find your citizenship or immigration status here ↓	2. Look in columns A, B, and C and find the "Yes" that matches your status.		
Status / Documentation	**A. U.S. Citizenship or U.S. National Status**	**B. Eligible Immigration Status**	**C. Another Status**
U.S. Citizen – A person born in • the U.S., • Puerto Rico, • Guam, or • the U.S. Virgin Islands – A person who was naturalized as a U.S. citizen – A person who gained U.S. citizenship through the Child Citizenship Act of 2000 – A person born outside the U.S. to a U.S. citizen who met the citizenship requirements before they turned 18	**Yes**		
U.S. National – A person born in American Samoa or the Commonwealth of the Northern Mariana Islands	**Yes**		
Refugee or Asylee (when entered the U.S. or now) – A person who was legally admitted to the U.S. based on fears of persecution in their native country		**Yes**	
Lawful Permanent Resident – A person who has been given right to permanently live in the U.S. (also called "Green Card Holder")			
Younger than 19		**Yes**	
Age 19 and older		**Yes**, if "Resident Since" date is **more** than 5 years from today's date	**Yes**, if "Resident Since" date is **less** than 5 years from today's date

Staff Tool: Client Enrollment November 2021 1

[RH Access Fund Citizen and Immigration Status Chart↗]

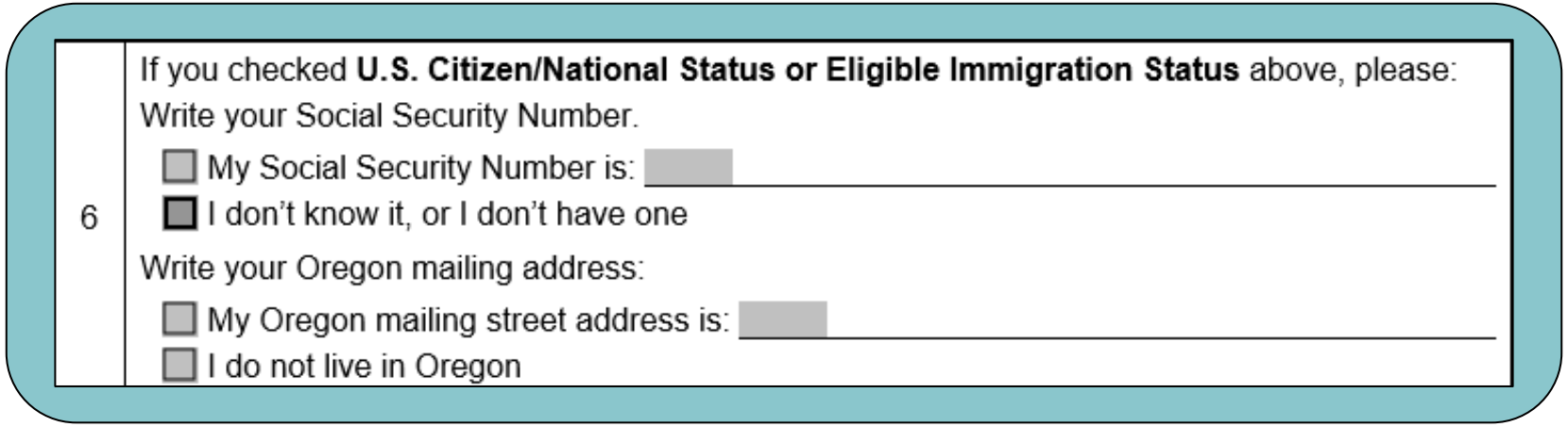


[When Client is Unsure of their Immigration Status: Guidance for Clinic Staff↗]

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

6. SSN and Mailing Address

- Only for folks who marked U.S. Citizenship/National Status or Eligible Immigration Status
- If they do not know their SSN, the RH Access Fund will still reimburse for their covered services (if they meet other criteria)
- May enter clinic address if houseless or need confidentiality



6

If you checked **U.S. Citizen/National Status or Eligible Immigration Status** above, please:

Write your Social Security Number.

☐ My Social Security Number is: _____

☐ I don't know it, or I don't have one

Write your Oregon mailing address:

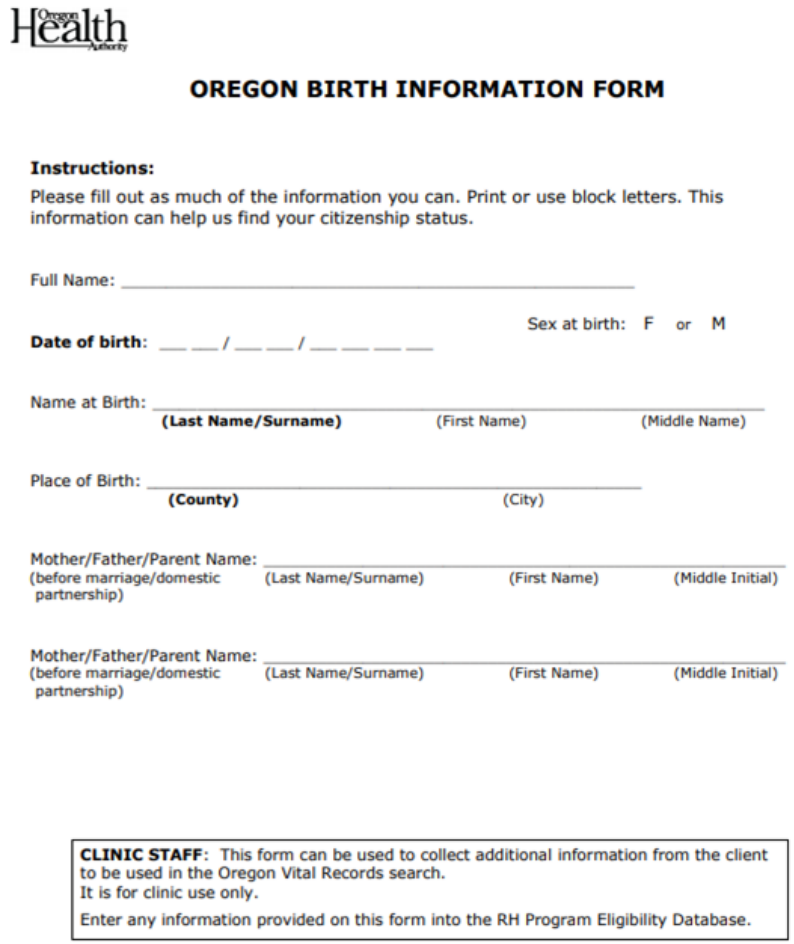
☐ My Oregon mailing street address is: _____

☐ I do not live in Oregon

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Oregon Birth Information Form

- For clients born in Oregon and who do not know their SSN, they can complete this form.
- Another way the state can verify citizenship
- https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/OR-Birth-Info-Form.PDF



Oregon Health Authority

OREGON BIRTH INFORMATION FORM

Instructions:
Please fill out as much of the information you can. Print or use block letters. This information can help us find your citizenship status.

Full Name: _____

Sex at birth: F or M

Date of birth: __ __ / __ __ / __ __ __ __

Name at Birth: _____
(Last Name/Surname) (First Name) (Middle Name)

Place of Birth: _____
(County) (City)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

CLINIC STAFF: This form can be used to collect additional information from the client to be used in the Oregon Vital Records search.
It is for clinic use only.

Enter any information provided on this form into the RH Program Eligibility Database.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

7. & 8. Private Insurance and Confidentiality

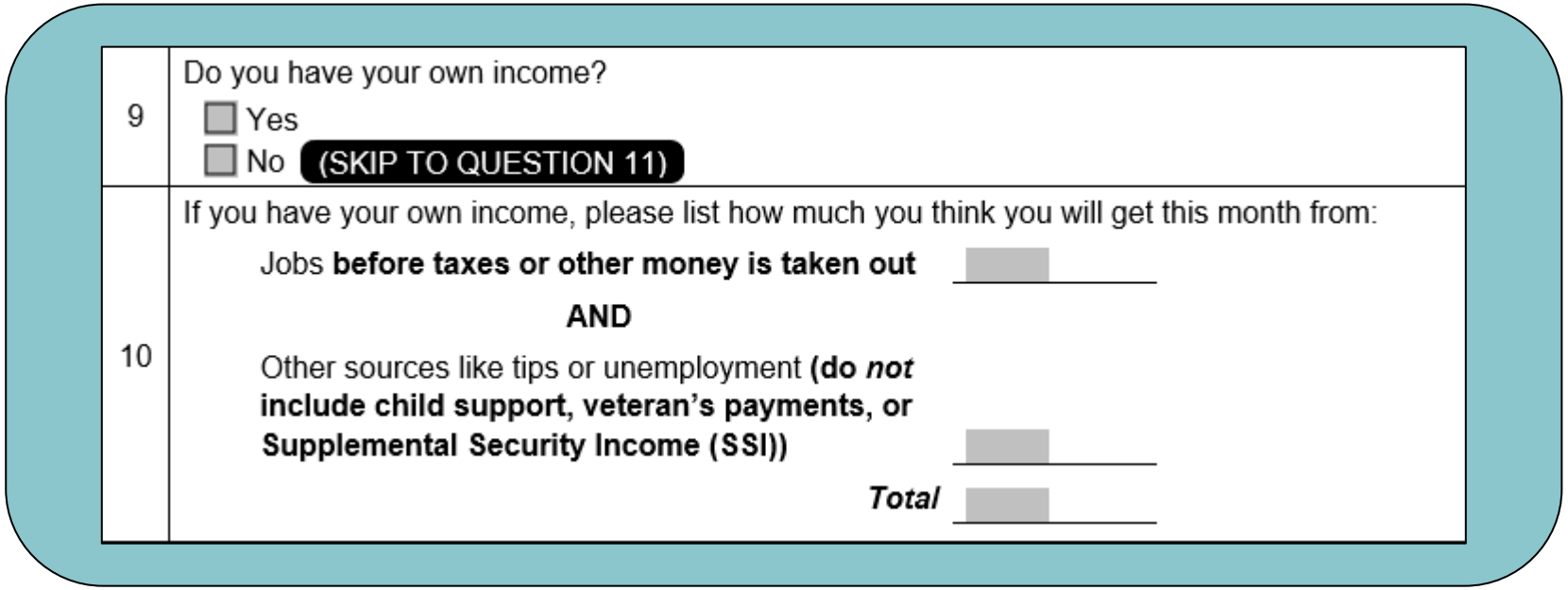
- Clients with private insurance can enroll
- If a client is concerned about someone else receiving a bill or notice, they should answer No to #8

7	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No **(SKIP TO QUESTION 9)**
8	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

9. & 10. Income

- Clients should include only their income (not the family)
- You cannot require clients to provide proof of income
- Income includes salary, wages, tips, self-employment earnings, and unemployment

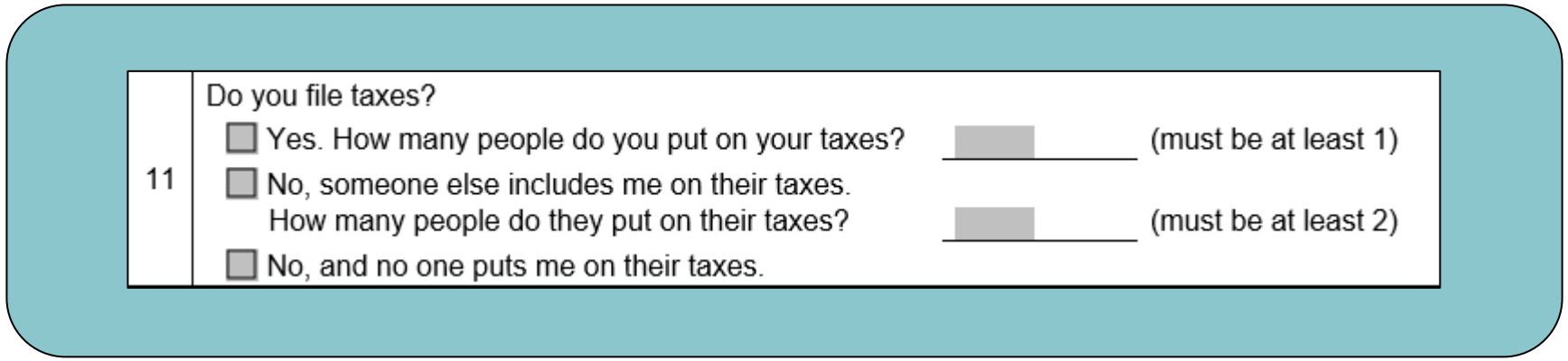


9	Do you have your own income? ☐ Yes ☐ No **(SKIP TO QUESTION 11)**
10	If you have your own income, please list how much you think you will get this month from: Jobs **before taxes or other money is taken out** _____ **AND** Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))** _____ ***Total*** _____

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

11. Taxes

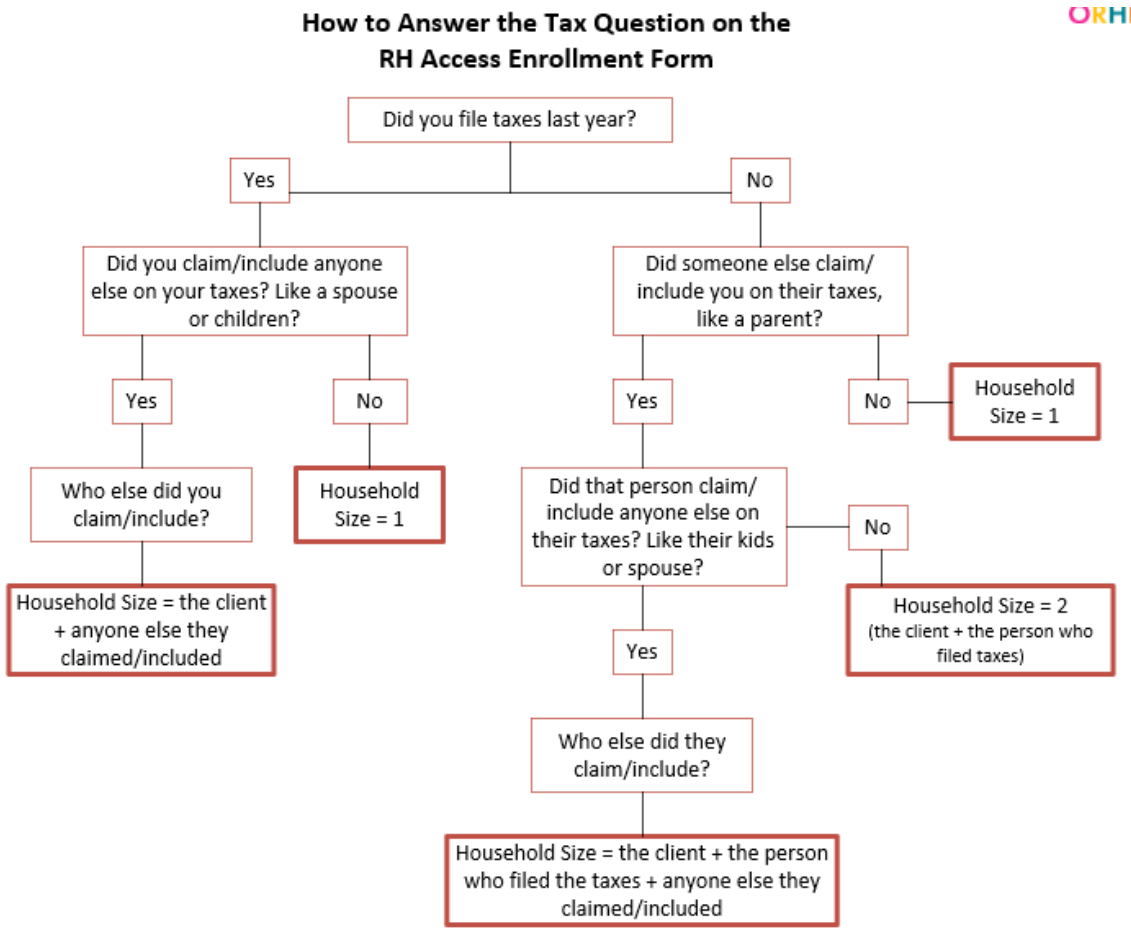
- Information is self-declared



11	Do you file taxes? ☐ Yes. How many people do you put on your taxes? _____ (must be at least 1) ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? _____ (must be at least 2) ☐ No, and no one puts me on their taxes.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

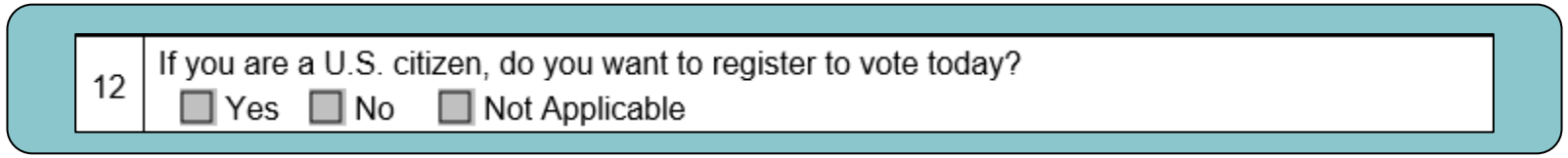
Tool to Assist with Tax Question



Available under Client Enrollment Tools ↗ at healthoregon.org/ rhclientenrollment ↗

12. Voter Registration

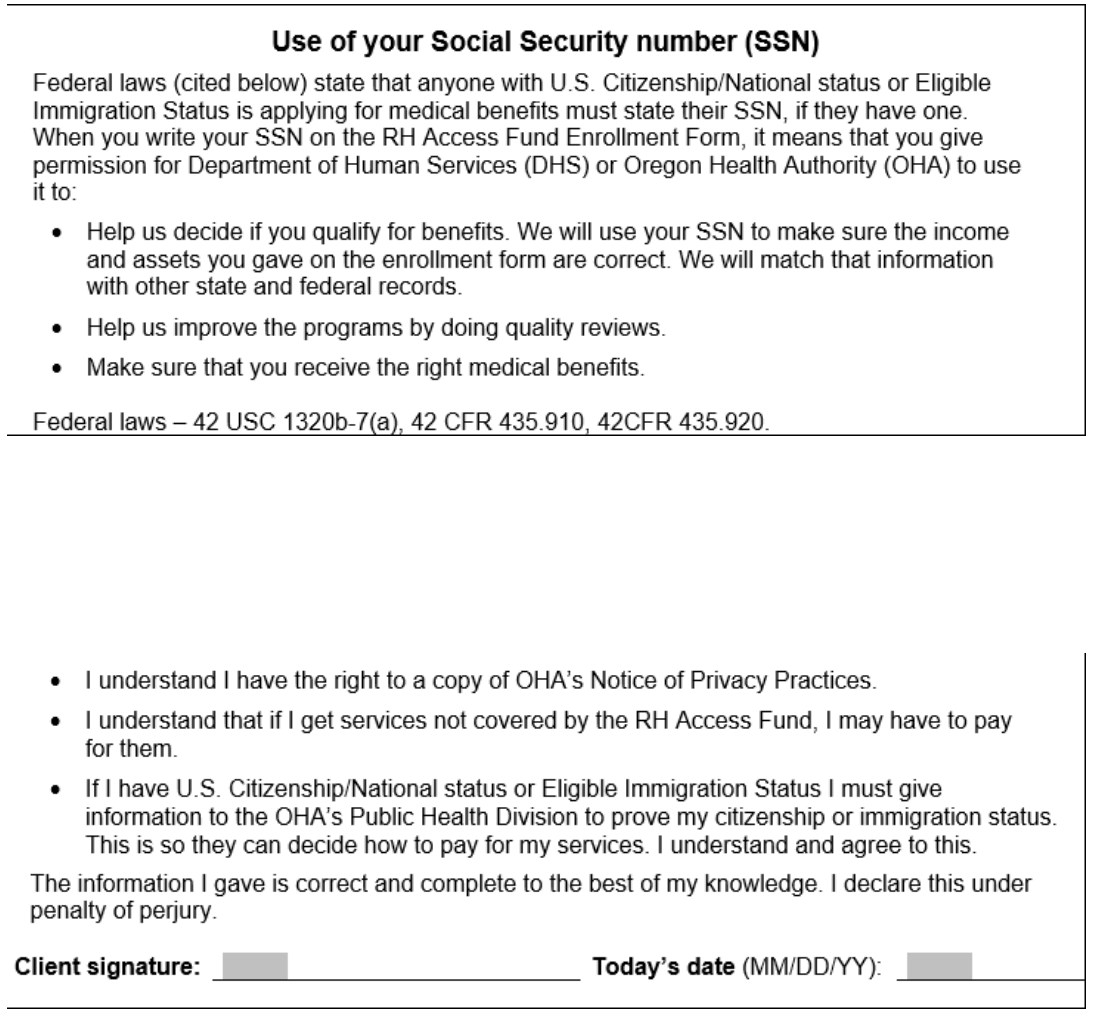
- YES – Give client voters registration card.
  - Client can take home, or
  - Request help to fill out and mail
- NO – The Enrollment Form serves an official declination.
- Not Applicable – The Enrollment Form serves an official declination.
  - Client is already registered, or
  - Client is not eligible to register (e.g., younger than 17, not a citizen, etc.)
- Required by funding streams



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Signature Page

- Described why we ask for SSN
- Not considered enrolled without a signature and date
- Remote enrollment – write the client's name and the date with a note that consent was obtained via phone or video



Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

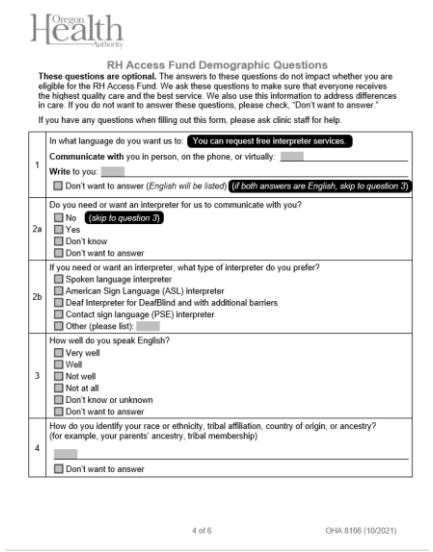
The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ **Today's date** (MM/DD/YY): _____

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Demographics (pages 4-6)

- Every question has a “decline or don’t want to answer” option (with exception to 2b).
- Clients should answer however they feel most comfortable.
- Resource: When Clients have Questions about the Demographic Questions: Guidance for Staff



Oregon Health Authority

RH Access Fund Demographic Questions

These questions are optional. The answers to these questions do not impact whether you are eligible for the RH Access Fund. We ask these questions to make sure that everyone receives the highest quality care and the best service. We also use this information to address differences in care. If you do not want to answer these questions, please check, “Don’t want to answer.”

If you have any questions when filling out this form, please ask clinic staff for help.

1 In what language do you want us to: **You can request free interpreter services.**
Communicate with you in person, on the phone, or virtually:
Write to you:
☐ Don’t want to answer (*English will be listed*) *(if both answers are English, skip to question 3)*

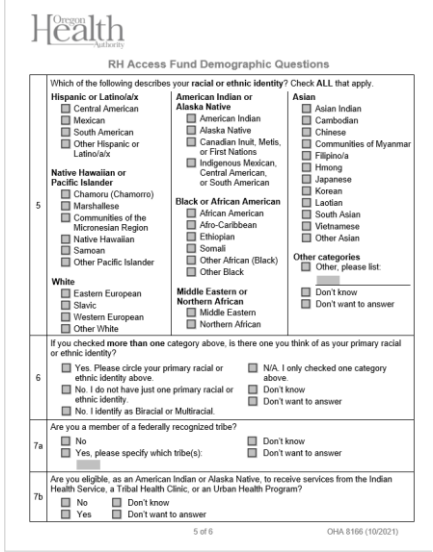
2a Do you need or want an interpreter for us to communicate with you?
☐ No *(skip to question 3)*
☐ Yes
☐ Don’t know
☐ Don’t want to answer

2b If you need or want an interpreter, what type of interpreter do you prefer?
☐ Spoken language interpreter
☐ American Sign Language (ASL) interpreter
☐ Deaf Interpreter for DeafBlind and with additional barriers
☐ Contact sign language (PSE) interpreter
☐ Other (please list):

3 How well do you speak English?
☐ Very well
☐ Well
☐ Not well
☐ Not at all
☐ Don’t know or unknown
☐ Don’t want to answer

4 How do you identify your race or ethnicity, tribal affiliation, country of origin, or ancestry? (for example, your parents’ ancestry, tribal membership)
☐ Don’t want to answer

4 of 6 OHA 8166 (10/2021)



Oregon Health Authority

RH Access Fund Demographic Questions

5 Which of the following describes your **racial or ethnic identity**? Check **ALL** that apply.

Hispanic or Latino/a/x
☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander
☐ Chamoru (Chamorro)
☐ Marshallese
☐ Communities of the Micronesian Region
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

White
☐ Eastern European
☐ Slavic
☐ Western European
☐ Other White

American Indian or Alaska Native
☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis, or First Nations
☐ Indigenous Mexican, Central American, or South American

Black or African American
☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Middle Eastern or Northern African
☐ Middle Eastern
☐ Northern African

Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

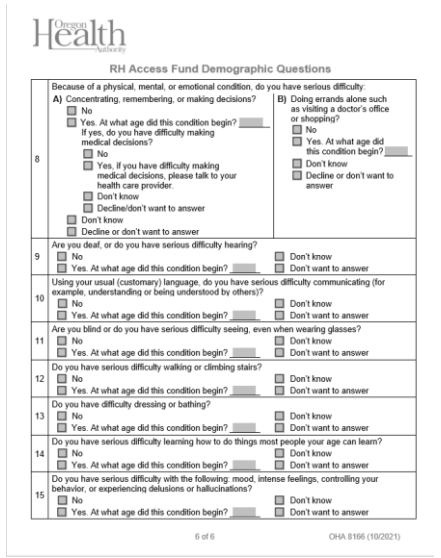
Other categories
☐ Other, please list:
☐ Don’t know
☐ Don’t want to answer

6 If you checked **more than one** category above, is there one you think of as your primary racial or ethnic identity?
☐ Yes. Please circle your primary racial or ethnic identity above.
☐ No. I do not have just one primary racial or ethnic identity.
☐ No. I identify as Biracial or Multiracial.
☐ N/A. I only checked one category above.
☐ Don’t know
☐ Don’t want to answer

7a Are you a member of a federally recognized tribe?
☐ No
☐ Yes, please specify which tribe(s):
☐ Don’t know
☐ Don’t want to answer

7b Are you eligible, as an American Indian or Alaska Native, to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Health Program?
☐ No ☐ Don’t know
☐ Yes ☐ Don’t want to answer

5 of 6 OHA 8166 (10/2021)



Oregon Health Authority

RH Access Fund Demographic Questions

8 Because of a physical, mental, or emotional condition, do you have serious difficulty:

A) Concentrating, remembering, or making decisions?
☐ No
☐ Yes. At what age did this condition begin?
If yes, do you have difficulty making medical decisions?
☐ No
☐ Yes, if you have difficulty making medical decisions, please talk to your health care provider.
☐ Don’t know
☐ Decline/don’t want to answer
☐ Don’t know
☐ Decline or don’t want to answer

B) Doing errands alone such as visiting a doctor’s office or shopping?
☐ No
☐ Yes. At what age did this condition begin?
☐ Don’t know
☐ Decline or don’t want to answer

9 Are you deaf, or do you have serious difficulty hearing?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

10 Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

11 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

12 Do you have serious difficulty walking or climbing stairs?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

13 Do you have difficulty dressing or bathing?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

14 Do you have serious difficulty learning how to do things most people your age can learn?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

15 Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?
☐ No ☐ Don’t know
☐ Yes. At what age did this condition begin? ☐ Don’t want to answer

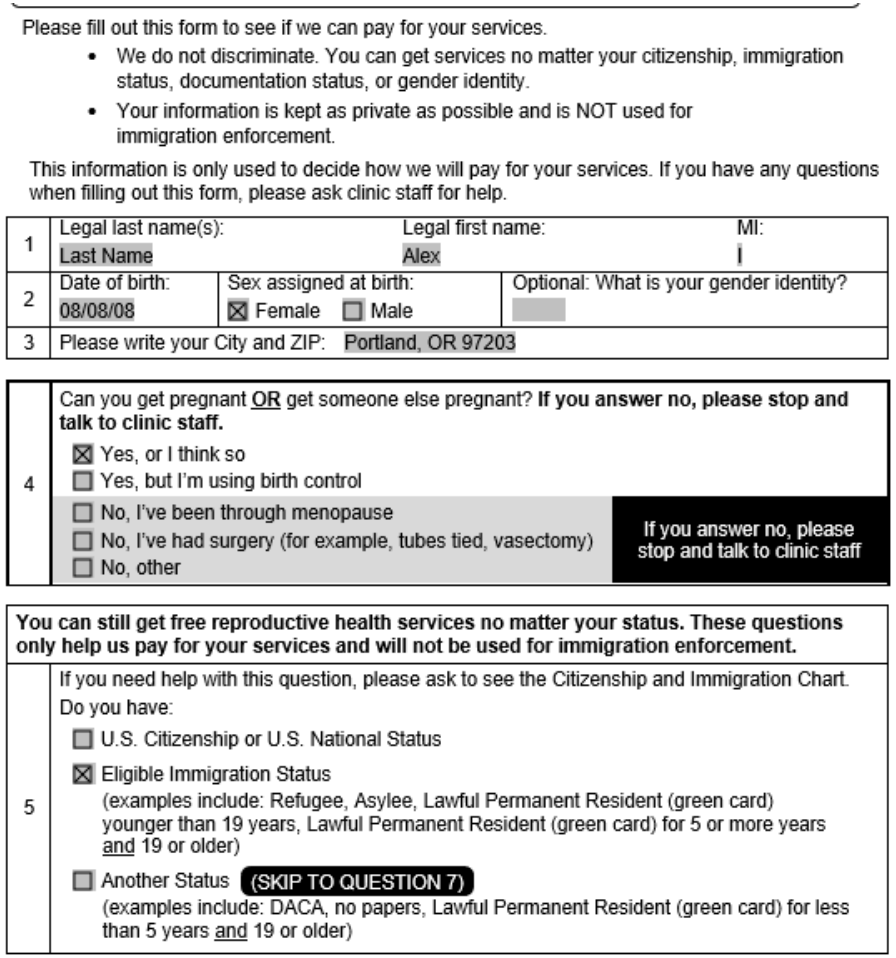
6 of 6 OHA 8166 (10/2021)

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Alex submits a completed form…

What's Next?

- Review form for completeness
- Collect necessary documentation
- Complete the "For Clinic Staff" box
- Enter data in the Eligibility Database



Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s): Last Name	Legal first name: Alex	MI: I
2	Date of birth: 08/08/08	Sex assigned at birth: ☒ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP: Portland, OR 97203		

4	Can you get pregnant OR get someone else pregnant? **If you answer no, please stop and talk to clinic staff.** ☒ Yes, or I think so ☐ Yes, but I'm using birth control ☐ No, I've been through menopause ☐ No, I've had surgery (for example, tubes tied, vasectomy) ☐ No, other If you answer no, please stop and talk to clinic staff

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

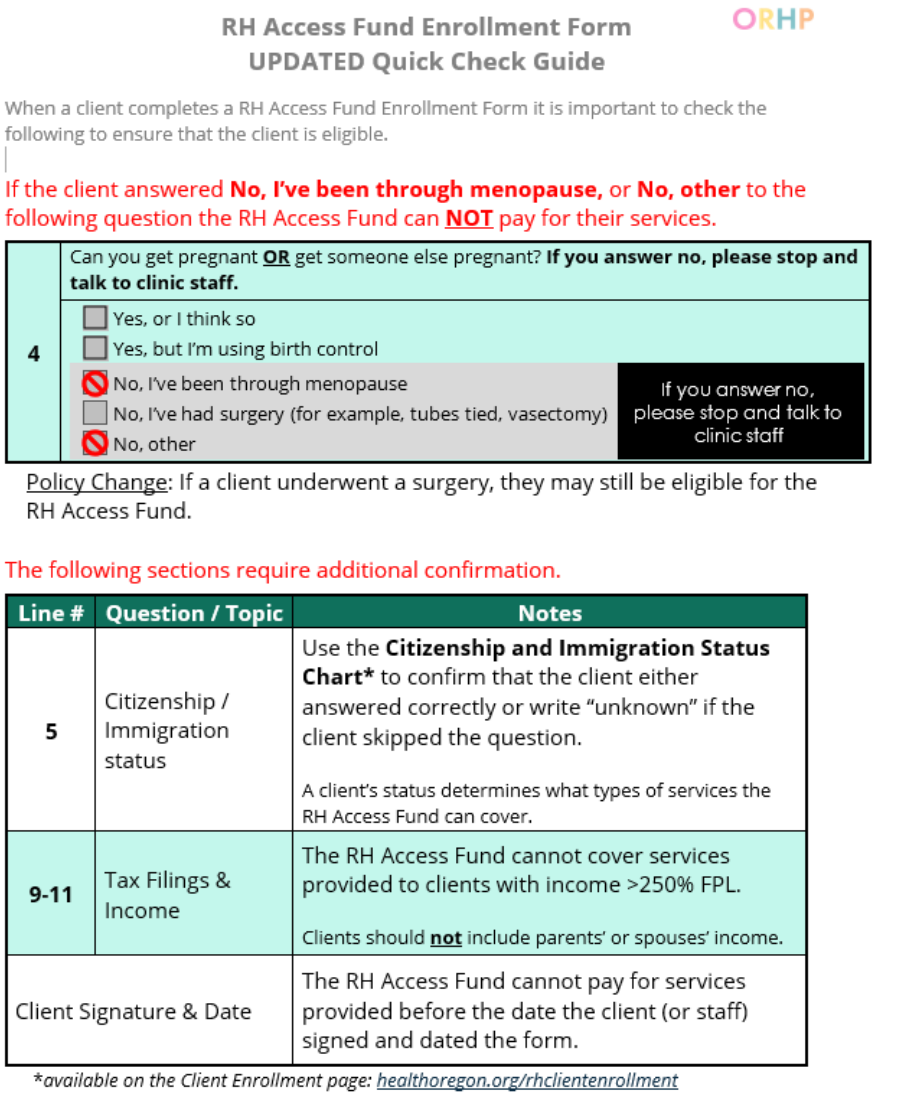
5	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☒ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Review the Enrollment Form

- VERY IMPORTANT: Review client's Enrollment Form when they hand it in to make sure it has been fully completed and that the client meets eligibility requirements.

- Quick Check Guide: available under Client Enrollment Tools at healthoregon.org/rhclientenrollment



RH Access Fund Enrollment Form
UPDATED Quick Check Guide

ORHP

When a client completes a RH Access Fund Enrollment Form it is important to check the following to ensure that the client is eligible.

If the client answered **No, I've been through menopause,** or **No, other** to the following question the RH Access Fund can **NOT** pay for their services.

4	Can you get pregnant **OR** get someone else pregnant? **If you answer no, please stop and talk to clinic staff.**	
	☐ Yes, or I think so ☐ Yes, but I'm using birth control	
	⊘ No, I've been through menopause ☐ No, I've had surgery (for example, tubes tied, vasectomy) ⊘ No, other	If you answer no, please stop and talk to clinic staff

Policy Change: If a client underwent a surgery, they may still be eligible for the RH Access Fund.

The following sections require additional confirmation.

Line #	Question / Topic	Notes
5	Citizenship / Immigration status	Use the **Citizenship and Immigration Status Chart*** to confirm that the client either answered correctly or write "unknown" if the client skipped the question. A client's status determines what types of services the RH Access Fund can cover.
9-11	Tax Filings & Income	The RH Access Fund cannot cover services provided to clients with income >250% FPL. Clients should **not** include parents' or spouses' income.
Client Signature & Date		The RH Access Fund cannot pay for services provided before the date the client (or staff) signed and dated the form.

**available on the Client Enrollment page: healthoregon.org/rhclientenrollment*

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Documentation Requirements

Citizenship / Immigration Status	Citizenship/Immigration Status Documentation Required?	Proof of Identity Required?
Another Status	No	No
Eligible Immigration Status	No	No
U.S. Citizen	Yes, if they have it.	Yes, if they have it.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Complete the “For Clinic Staff” Box

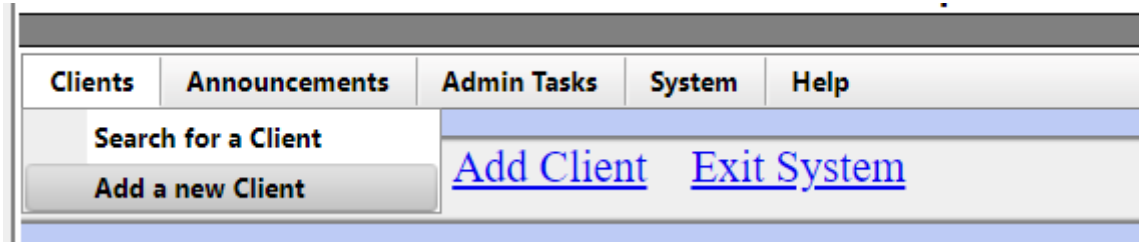
FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client’s RHAF #:
*Offered OHA Notice of Privacy Practices.		☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		☐ Yes
Gave information on where to access primary care services.		☐ Yes ☐ Not needed
Gave health insurance enrollment information.		☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		☐ Yes ☐ Not needed

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Eligibility Database

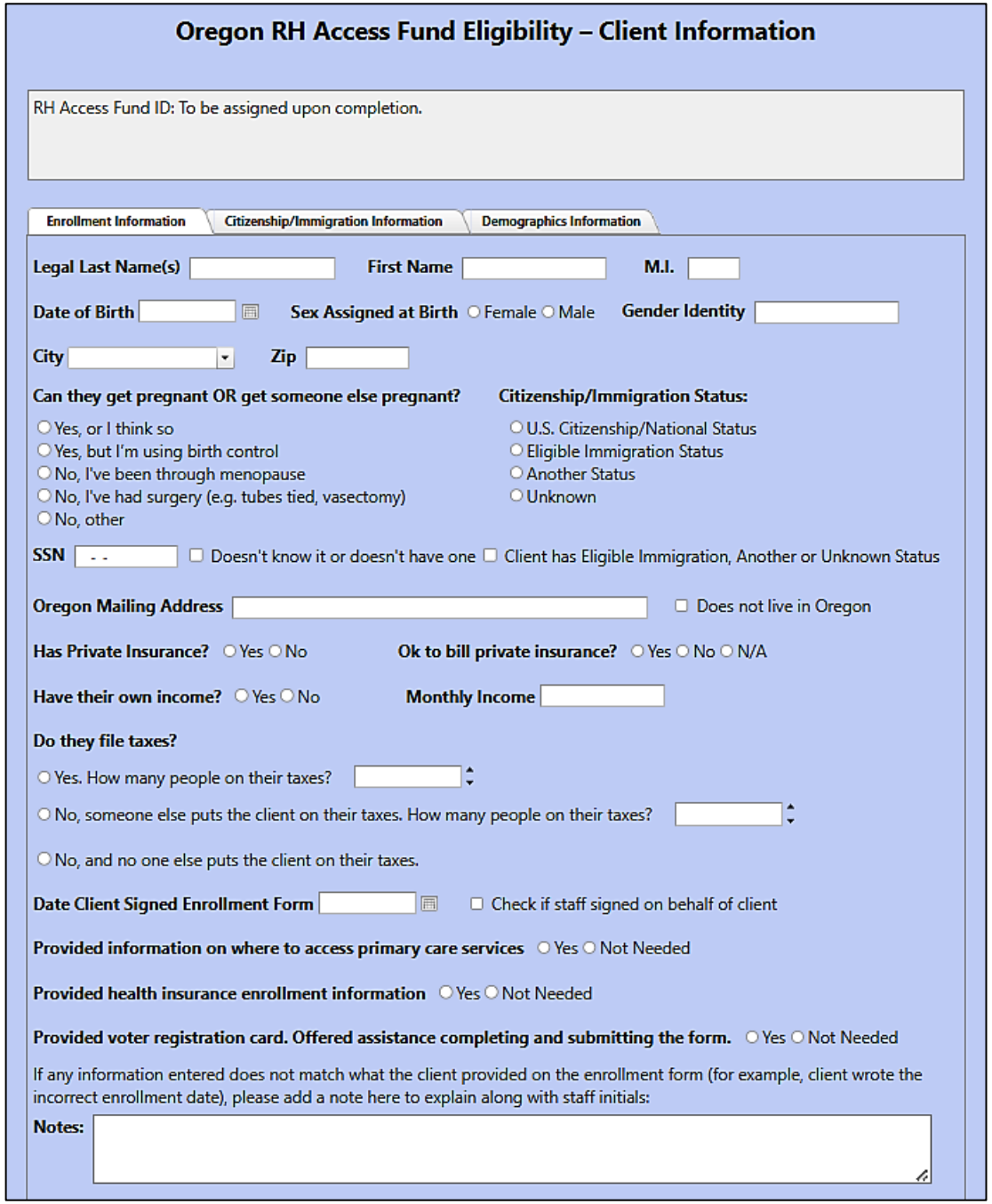
Now, let's add Alex to the Eligibility Database.

- Log-on to the Ahler's Eligibility Database
- Two ways to add a client:
  - Click the link Add Client at the top of the page, or
  - Hover the cursor over "Clients" in the top left corner and when the drop-down menu appears, click "Add a new Client."
- Remember - only Add Client if you cannot find them in the database.



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Client Information Screen



Oregon RH Access Fund Eligibility – Client Information

RH Access Fund ID: To be assigned upon completion.

Enrollment Information | Citizenship/Immigration Information | Demographics Information

Legal Last Name(s) **First Name** **M.I.**

Date of Birth **Sex Assigned at Birth** ○ Female ○ Male **Gender Identity**

City **Zip**

Can they get pregnant OR get someone else pregnant?

- ○ Yes, or I think so
- ○ Yes, but I'm using birth control
- ○ No, I've been through menopause
- ○ No, I've had surgery (e.g. tubes tied, vasectomy)
- ○ No, other

Citizenship/Immigration Status:

- ○ U.S. Citizenship/National Status
- ○ Eligible Immigration Status
- ○ Another Status
- ○ Unknown

SSN - - ☐ Doesn't know it or doesn't have one ☐ Client has Eligible Immigration, Another or Unknown Status

Oregon Mailing Address ☐ Does not live in Oregon

Has Private Insurance? ○ Yes ○ No **Ok to bill private insurance?** ○ Yes ○ No ○ N/A

Have their own income? ○ Yes ○ No **Monthly Income**

Do they file taxes?

- ○ Yes. How many people on their taxes?
- ○ No, someone else puts the client on their taxes. How many people on their taxes?
- ○ No, and no one else puts the client on their taxes.

Date Client Signed Enrollment Form ☐ Check if staff signed on behalf of client

Provided information on where to access primary care services ○ Yes ○ Not Needed

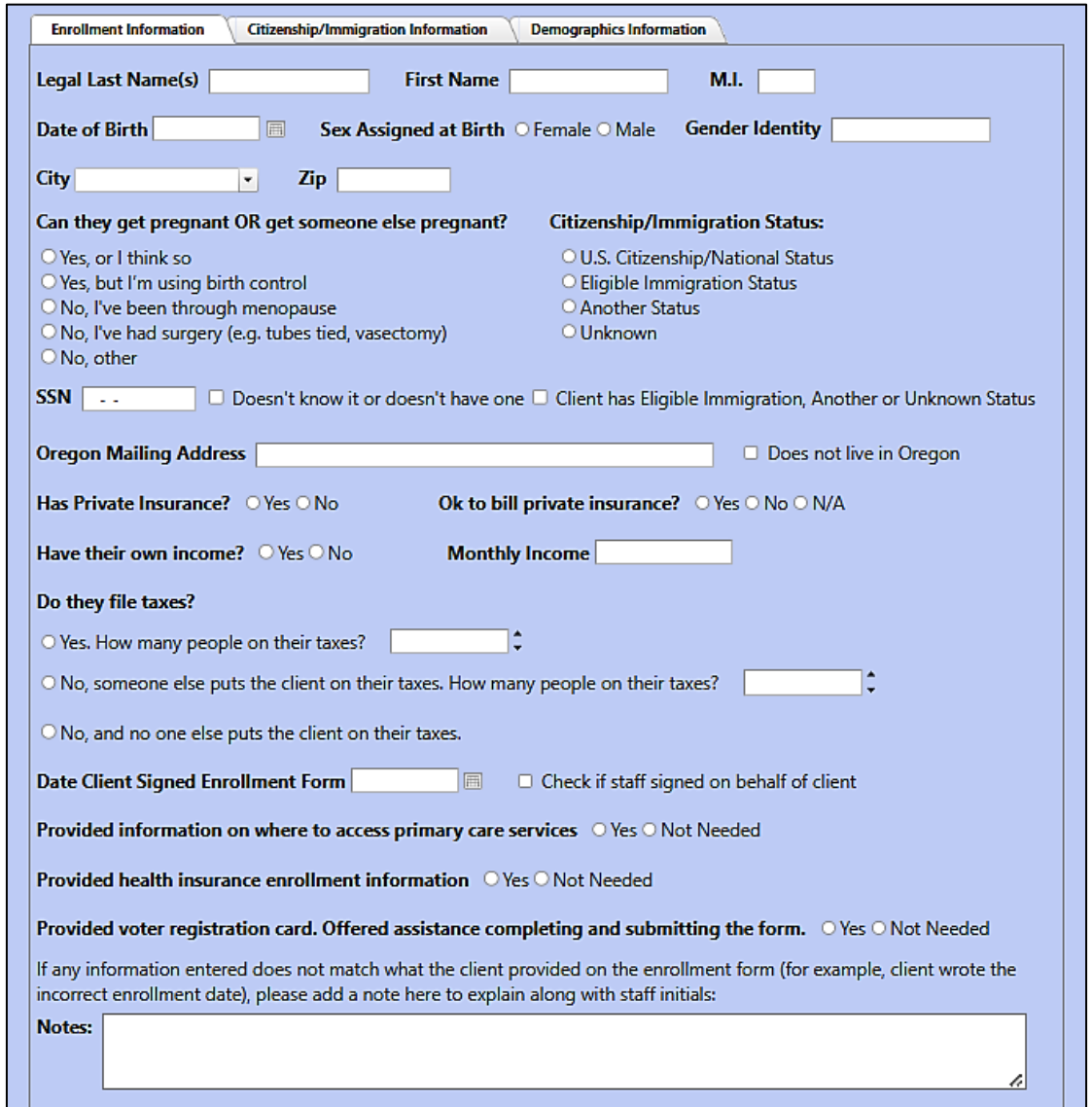
Provided health insurance enrollment information ○ Yes ○ Not Needed

Provided voter registration card. Offered assistance completing and submitting the form. ○ Yes ○ Not Needed

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes:

Enrollment Form Tab


Enrollment Information | Citizenship/Immigration Information | Demographics Information

Legal Last Name(s) First Name M.I.

Date of Birth Sex Assigned at Birth ○ Female ○ Male Gender Identity

City Zip

Can they get pregnant OR get someone else pregnant?

○ Yes, or I think so
○ Yes, but I'm using birth control
○ No, I've been through menopause
○ No, I've had surgery (e.g. tubes tied, vasectomy)
○ No, other

Citizenship/Immigration Status:

○ U.S. Citizenship/National Status
○ Eligible Immigration Status
○ Another Status
○ Unknown

SSN - - ☐ Doesn't know it or doesn't have one ☐ Client has Eligible Immigration, Another or Unknown Status

Oregon Mailing Address ☐ Does not live in Oregon

Has Private Insurance? ○ Yes ○ No Ok to bill private insurance? ○ Yes ○ No ○ N/A

Have their own income? ○ Yes ○ No Monthly Income

Do they file taxes?

○ Yes. How many people on their taxes?

○ No, someone else puts the client on their taxes. How many people on their taxes?

○ No, and no one else puts the client on their taxes.

Date Client Signed Enrollment Form ☐ Check if staff signed on behalf of client

Provided information on where to access primary care services ○ Yes ○ Not Needed

Provided health insurance enrollment information ○ Yes ○ Not Needed

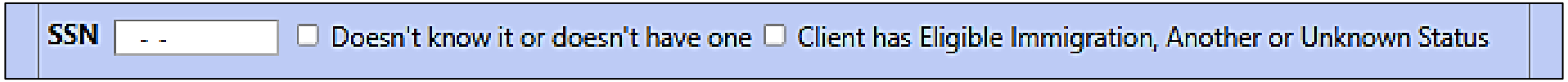
Provided voter registration card. Offered assistance completing and submitting the form. ○ Yes ○ Not Needed

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes:

- Complete this tab using the information from the client's Enrollment Form

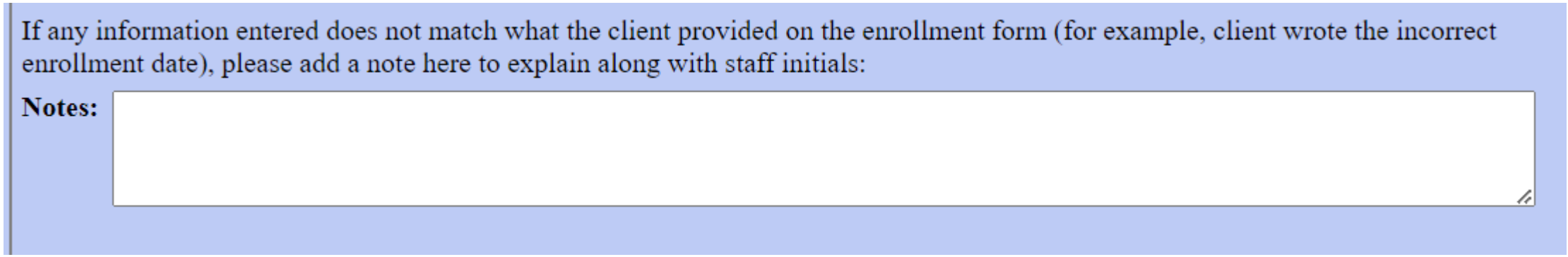
SSN Requirements



Citizenship/Immigration Status	SSN Required?	Database Fields
Unknown	No	Check “Client has Eligible Immigration, Another, or Unknown Status”
Another Status	No	Check “Client has Eligible Immigration, Another, or Unknown Status”
Eligible Immigration Status	No	Enter SSN, check “Doesn’t know or doesn’t have one,” or “Client has Eligible Immigration, Another, or Unknown Status”
U.S. Citizen/National Status	Yes	Enter SSN or “Doesn’t know or doesn’t have one”

Notes Field

- Use if the answer in the Eligibility Database is different from what is on the client's Enrollment Form
- Provide a brief explanation of why, staff initials, and the date



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Notes Examples

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes: Client left tax question blank on the enrollment form. After talking with client, determined it should be Yes with 2 people on their taxes. BG 10/04/23

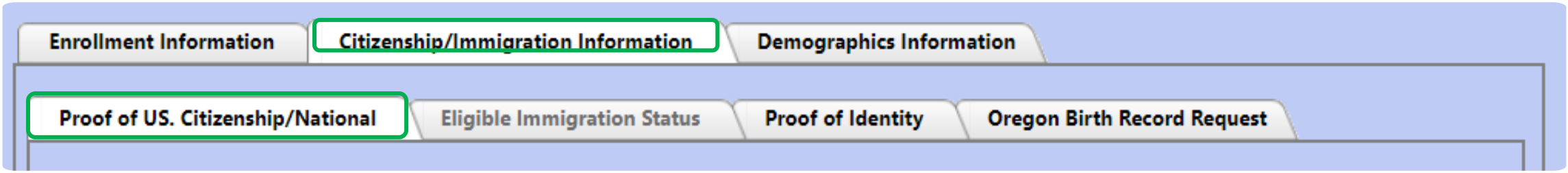
Notes: Client wrote their birth date on enrollment form. Entered correct date in database. BG 10/4/23

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Remote Enrollment

- If clinic staff enrolled a client remotely (e.g., over the phone or during a video appointment) check the box “Check if staff signed on behalf of client”.
- An Enrollment Form still needs to be completed on behalf of the clients enrolling remotely!
- Resource: Remote Enrollment Guidance

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

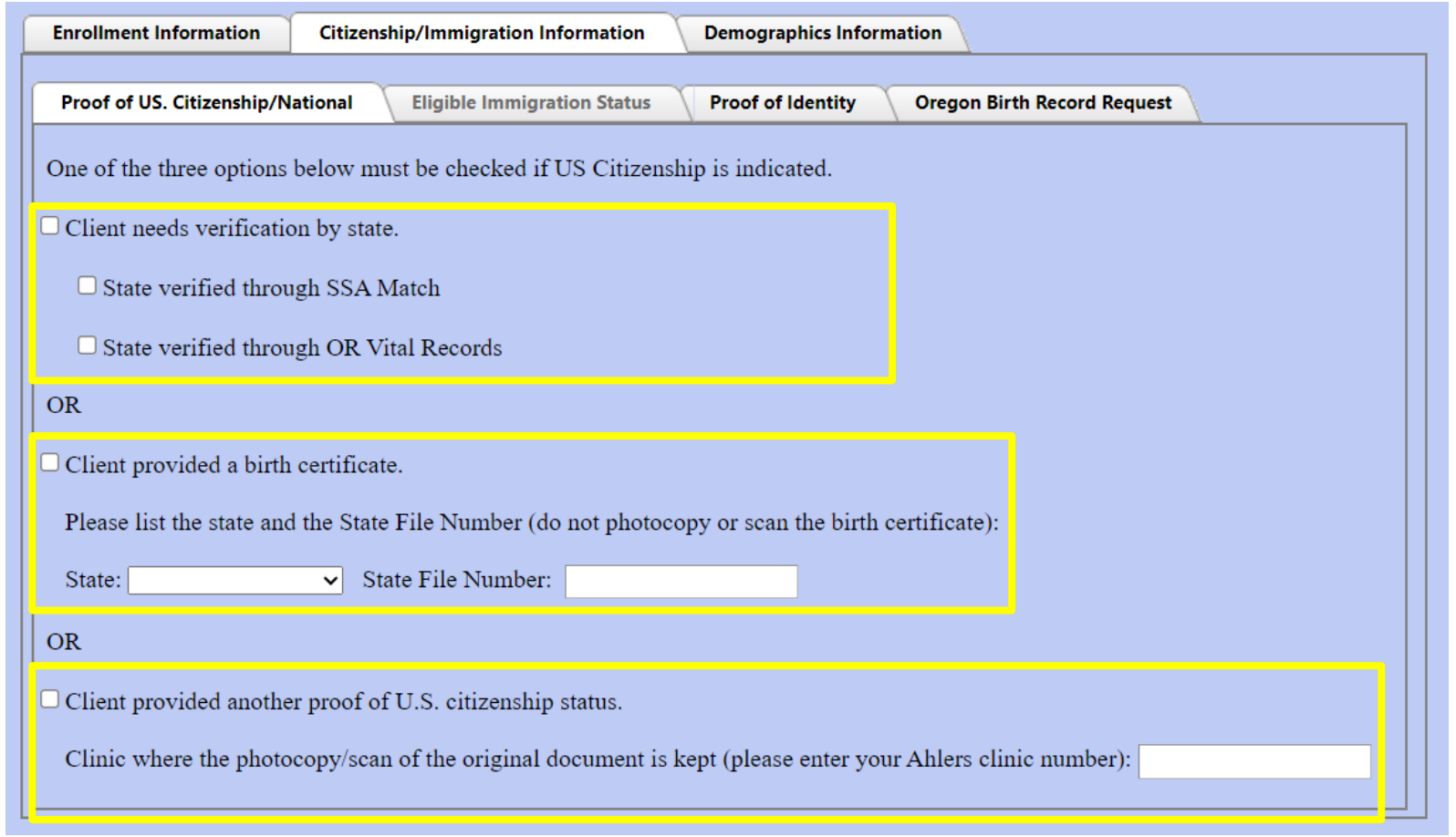


Citizenship/Immigration Information Tab

- Record how citizenship and identity will be or is being verified. This is only for clients who marked U.S. citizenship/U.S. National.
- Do not collect documentation from clients who indicate they have Eligible Immigration Status or Another Status.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

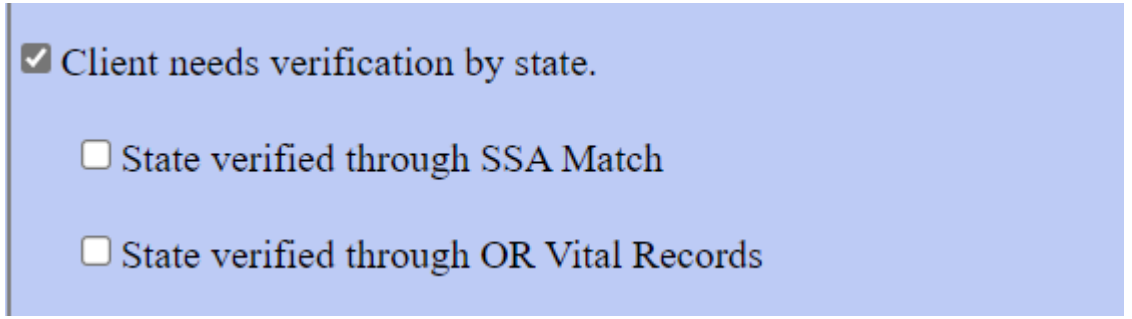
Proof of U.S. Citizenship/National sub-tab



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Needs Verification By State

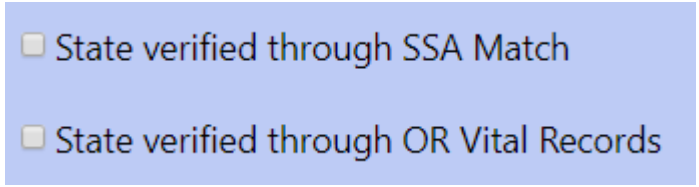
- If the client did not bring proof of U.S. Citizenship. Mark “Client needs verification by state.”
- Only state staff can use the boxes “State verified through SSA Match” and “State verified through OR Vital Records.”
- State staff can verify U.S. citizenship/national status using a client’s SSN, name, and DOB with a 92% success rate. (See Verification FAQs on Client Enrollment page)



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Electronic Citizenship Verification

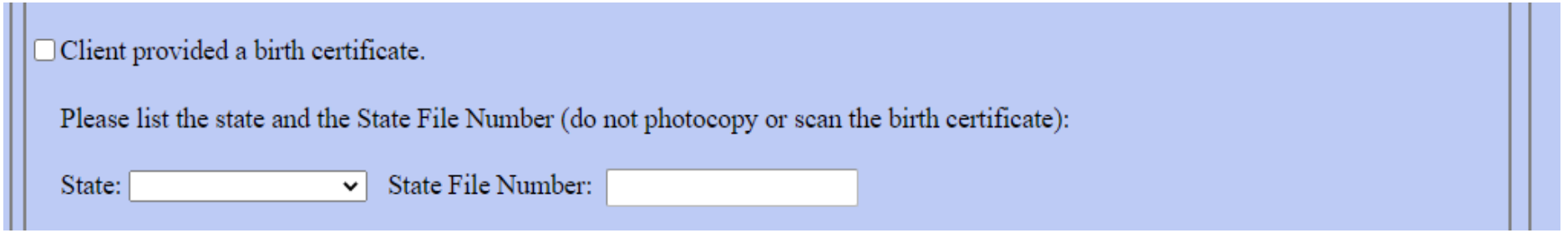
- If a match isn't found, the boxes will remain unchecked and client will be listed on Oregon RH Eligibility Status Update.
- The client should then prove citizenship another way
- Refer to Documents that Prove U.S. Citizenship and Identity for eligible documentation



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Birth Certificate

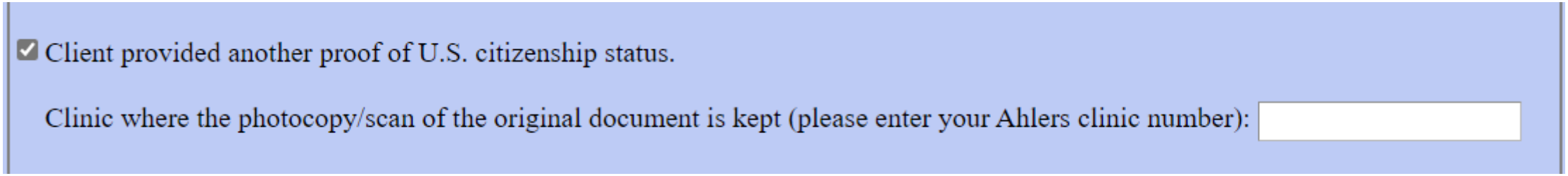
- Enter state & state file number.
- Do NOT copy/scan for client's chart – this is illegal



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Another Proof

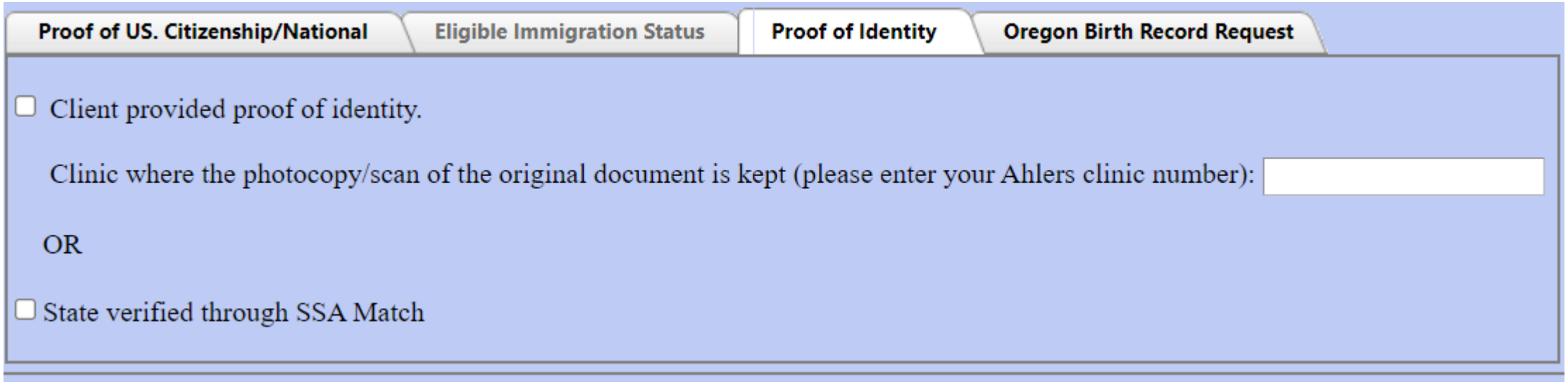
- Includes U.S. passports, Certificates of U.S. Citizenship, Reports of Birth Abroad, etc.
- See Documents that Prove U.S. Citizenship and Identity
- Make copy/scan, and enter Ahlers clinic number where kept



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

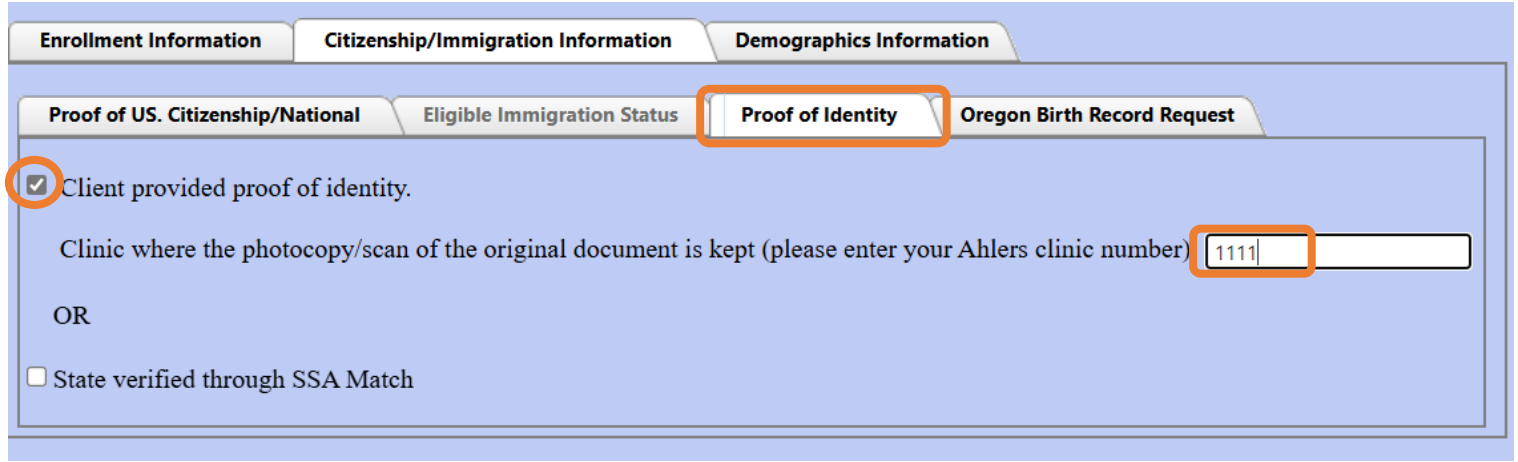
Proof of Identity

- Complete for clients who claim U.S. Citizenship/National
- If client brings proof, make copy/scan and enter Ahlers clinic number where kept.
- State Verified through SSA Match – only for RH Program Staff
- See Documents that Prove U.S. Citizenship and Identify



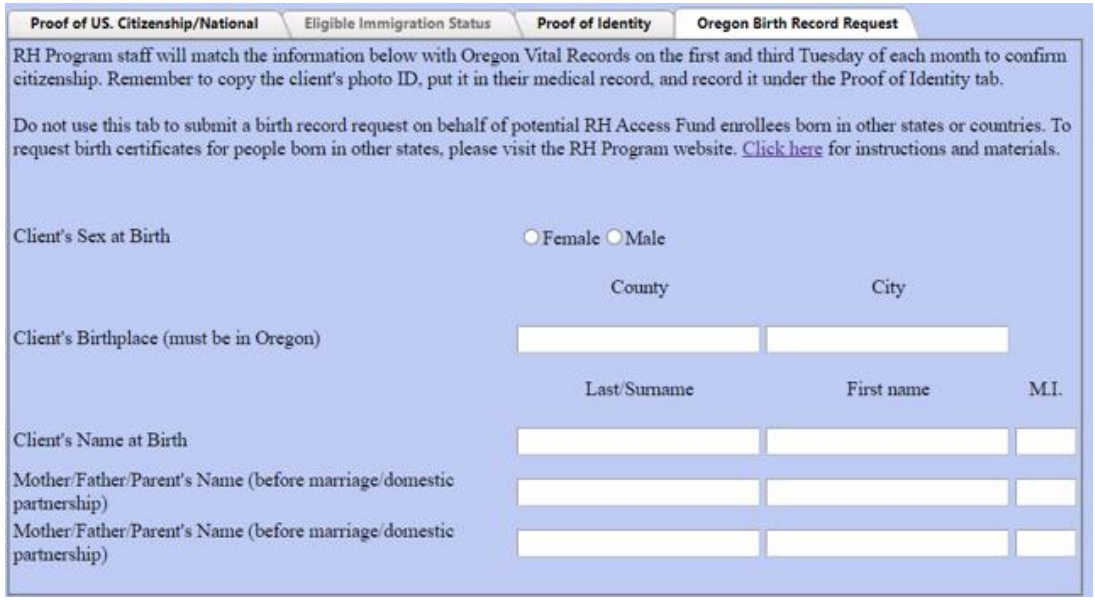
Re-enrollment Note

- If a re-enrolling client with Unknow citizenship/immigration status has Proof of Identity documents already in the eligibility database, staff will need to:
  - Uncheck “Client provided proof of identity”, and
  - Remove the clinic number listed in the text box



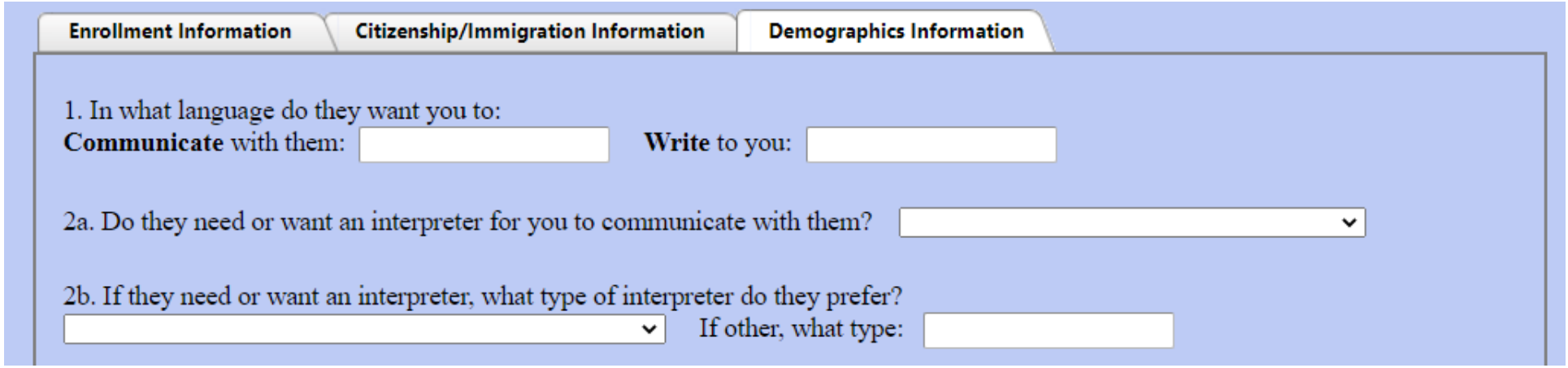
Oregon Birth Record Request

- If a client cannot provide proof of citizenship AND they were born in Oregon, you may request an electronic search for their Oregon birth record. Have the client fill out the Oregon Birth Information Form and enter the information in this tab.
- Note that completing this request does not constitute proof of citizenship, nor does it guarantee a match.



Demographics Information

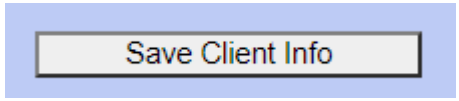
- Complete using the information from the client's Enrollment Form.
- Only rule: must answer every question (except 2b).
- If client left any (or all) answer(s) blank, enter "Decline/ don't want to answer"



ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Save Client Info

- When all information is entered and/or updated, click the Save Client Info button at the bottom of the screen.
- The database will the check the data and if everything passes (i.e., no blank fields), the record will be saved and client will get a RH Access Fund number.

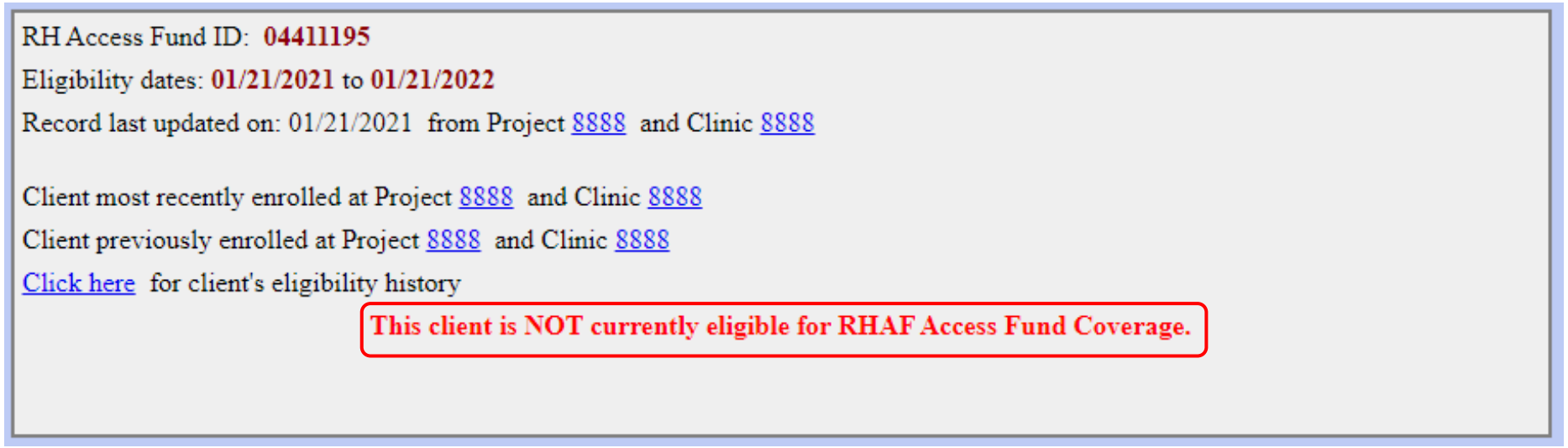


ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Eligibility, Enrollment, or Missing Info Messages

Current Clients – Service Message

- Client Information screen shows the client's current eligibility status and their eligibility history.


RH Access Fund ID: **04411195**

Eligibility dates: **01/21/2021** to **01/21/2022**

Record last updated on: 01/21/2021 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

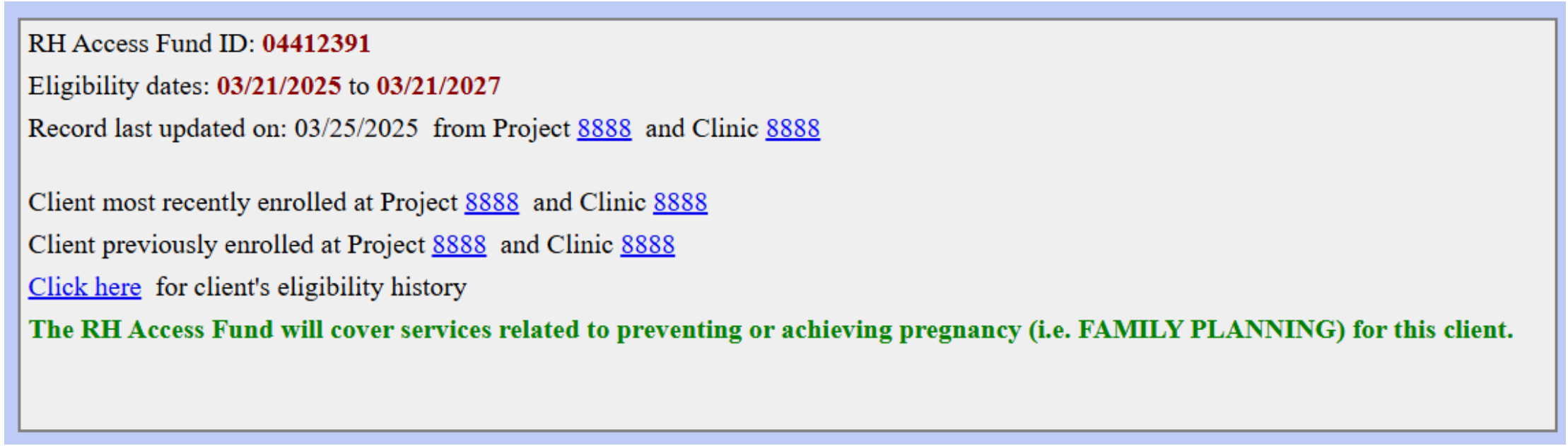
Click here for client's eligibility history

This client is NOT currently eligible for RHAF Access Fund Coverage.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Status Box - Service Messages

- Client is eligible for services at RHCare and CCare Clinics
  - At CCare clinics, only pregnancy prevention/contraceptive related services are covered by RHAF.


RH Access Fund ID: **04412391**

Eligibility dates: **03/21/2025** to **03/21/2027**

Record last updated on: 03/25/2025 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

Click here for client's eligibility history

The RH Access Fund will cover services related to preventing or achieving pregnancy (i.e. FAMILY PLANNING) for this client.

Status Box - Service Messages

- Client is eligible for services at RHCare and AbortionCare Clinics

RH Access Fund ID: **04412482**

Eligibility dates: **10/01/2024** to **10/01/2026**

Record last updated on: 10/03/2024 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

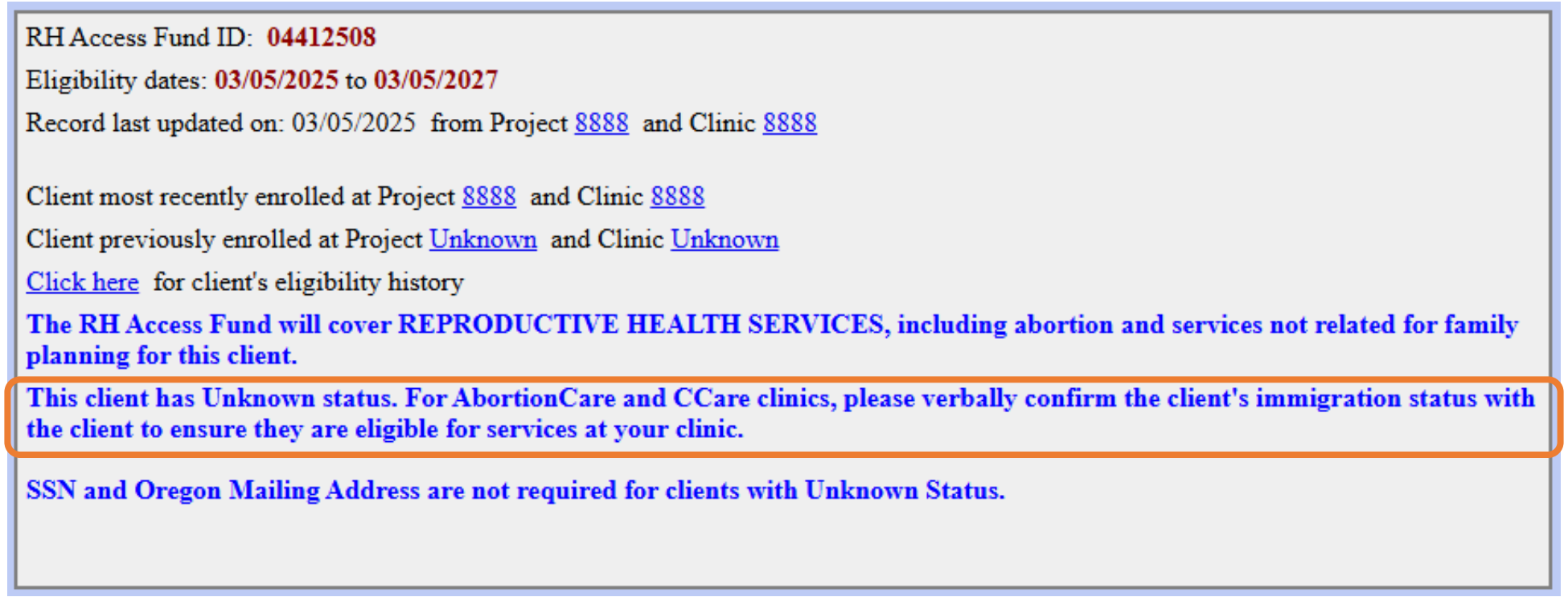
Click here for client's eligibility history

The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related for family planning for this client.

SSN and Oregon Mailing Address are not required for clients with Another Status.

Status Box - Service Messages

- Message appears for client's with Unknown immigration status
- Client is eligible for services at RHCare clinics.
- Client MAY be eligible for services at a CCare or AbortionCare clinic.


RH Access Fund ID: **04412508**

Eligibility dates: **03/05/2025** to **03/05/2027**

Record last updated on: 03/05/2025 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project Unknown and Clinic Unknown

Click here for client's eligibility history

The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related for family planning for this client.

This client has Unknown status. For AbortionCare and CCare clinics, please verbally confirm the client's immigration status with the client to ensure they are eligible for services at your clinic.

SSN and Oregon Mailing Address are not required for clients with Unknown Status.

Eligibility Suspension

- Only reason a client's eligibility will be suspended is due to income!
- If a client's income is found to be over 250% FPL, RH Program state staff will suspend their eligibility.
- Clinic staff then have 45 days to try to verify the client's income.
- See Verification FAQs

This client is currently SUSPENDED from RH Access Fund coverage.

Wage records indicate client may be over RH Access Fund income limits. Coverage is suspended until client is contacted to resolve income discrepancy. Once explained, contact RH Program staff to reinstate client's coverage.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Eligibility Termination

- There are only two reasons a client's enrollment might be terminated:
  - Clinic staff were unable to verify client's income, or
  - Client is found to have OHP
- Note: any claims submitted for dates of service after suspension or termination will be rejected.

This client is NOT currently eligible for RH Access Fund coverage.

Coverage was ended because client could not verify income. Client MUST fill out a new enrollment form before the clinic can bill the RH Access Fund.

This client is NOT currently eligible for RHAF Access Fund Coverage.

Eligibility dates were ended because client has OHP.

ORHP
Oregon Reproductive Health Program
Access. Equity. Quality.

Error Messages

- When client marks U.S. citizen and
  - we cannot verify the SSN they provided, or
  - they did not provide SSN and we can't find one:

    Please check at every visit whether enrollee can provide SSN. CCare clinics cannot bill RH Access Fund for this enrollee until SSN is verified.

- When citizenship has been verified, but SSN was found invalid:

  Enrollee's SSN found to be invalid. Please check for typos and check at every visit whether enrollee can provide corrected SSN. CCare clinics cannot bill the RH Access Fund until the enrollee's SSN has been corrected.

Error Messages

- When client marks U.S. citizen and we cannot verify citizenship/national status:

  State could not verify citizenship/national status. Please check at every visit whether enrollee can provide proof of U.S. citizenship/national status. CCare clinics cannot bill RH Access Fund for this enrollee until citizenship/national status has been verified.

- When client's identity could not be verified through the electronic process and proof of ID was not entered:

  Please check at every visit whether enrollee can provide proof of I.D. CCare clinics cannot bill RH Access Fund for this enrollee until ID has been entered.

Eligibility Database: Troubleshooting and Technical Support

When to contact state RH Program staff:

RH.Enrollment@oha.oregon.gov

- Find duplicate records for the same client
- Find more than one client claiming the same SSN
- Find a client who now has OHP
- Have questions about citizenship documentation or other eligibility requirements
- The client's eligibility was suspended or terminated because of income

When to contact Ahlers & Associates:

Phone: (800) 888-1836 x 140 **CustomerService@ahlerssoftware.com**

- Unable to logon to the Database
- Need to reset your password
- The Database is running slowly

Resources

- For client enrollment form and tools, see: Healthoregon.org/rhclientenrollment

Client Enrollment

Reproductive and Sexual Health

Provider Certification

RH Program Policies and Protocols

Reproductive Health Provider Resources

Reproductive Health Program Newsletters

Client-Centered Resources

Program Element 46

Partner Resources

This page has resources and tools to help clinic staff with the client enrollment process. Click the jump links below to get to specific sections of the page:

- Enrollment Form
- Trainings
- CCare Corner
- Eligibility Database
- Client Eligibility Verification
- Notice of Privacy Practices, Voter Registration, & Out of State Birth Certificate Requests
- Enrollment Tools Table

Test your knowledge?

- Complete the short Test Your Knowledge quiz by going to https://forms.office.com/g/gh5Rm4v8Eg or following this QR code.
- Results will appear after you click Submit or they can be emailed to you.

RH Access Fund Eligibility and Enrollment Training - Test Your Knowledge (Updated 6/2025)

Thank You!

Please contact us with any questions.

Email: rh.program@oha.Oregon.gov

Phone: 971-673-0355
Website: healthoregon.org/rh
Find us on: Facebook and Instagram