

Instructions for Completing a [CAREAssist Application](#)

General information:

The CAREAssist program assists HIV-positive Oregonians who need access to HIV related medical care and treatment. CAREAssist is not health insurance, but helps you pay for health insurance and related medical costs.

1. Insurance premiums

CAREAssist pays for health insurance premiums including silver level plans purchased in or outside of the Health Insurance Exchange, group insurance through employers and Medicare Part D and Advantage plans. CAREAssist is the coverage of “last resort” and services must be cost effective. This means CAREAssist might have requirements about what kind of health insurance you use.

2. Prescription drugs

CAREAssist pays the deductible or co-payment for any prescription drug covered by your insurance.

3. Deductibles and co-payments on medical (*non-drug*) services

If you have deductibles or co-payments for medical services, CAREAssist can help with many of those costs. The amount available per calendar year may change. Call your caseworker if you have questions. This includes non-HIV-related medical services.

4. Services for uninsured persons

For persons who are unable to secure health insurance outside of an open enrollment period, CAREAssist can assist with payments for a limited number of medical services and medications necessary to maintain engagement in HIV treatment through our Uninsured Persons Program (UPP). Persons enrolled in this program must also be enrolled in community based Ryan White HIV casemanagement, and stay closely connected to the CAREAssist program to ensure that ongoing health insurance is secured as soon as it becomes available, whether through changes in income, employment or any other event that triggers eligibility. Recertification policies apply.

Eligibility information:

CAREAssist must verify that you are **HIV positive, live in Oregon, and meet income eligibility using the Federal Poverty Level (FPL) guidelines**. Income eligibility is 550% FPL and below.

You must complete the entire application. Do not leave any section blank. If the answer to a question is zero, none, not applicable or “I don’t know”, write that response in the spaces provided. **If you need help completing this application, please talk to your HIV case manager or call the CAREAssist program at 971-673-0144.**

It can take a minimum of 14 business days to process a complete application. You are responsible for all costs until fully enrolled in CAREAssist.

Part 1: Applicant information

- **Full legal name** – Please report the name that is legally recognized by the state as confirmed by your birth certificate, driver’s license, social security card, passport or other form of legal identification. Do not use your nickname or preferred name here.
- **Name you prefer to be called** – A nickname or abbreviated version of your name.
- **Date of birth** – Your full date of birth (*month/day/year*).
- **Age** – Your age at the time of this application.
- **Social Security number (SSN)** – Providing your SSN is voluntary; however, most insurers and pharmacies use the SSN to identify policies and records. Supplying your SSN will expedite verification of insurance coverage and the processing of this application. If you do not have a number, write none and move to the next part.
- **Ethnicity/origin, race and gender** – Please check the box that most closely represents your race, ethnicity, gender at birth and current gender. Only you can provide this information to CAREAssist.
- **Preferred language**: Indicate in what language you prefer to speak and read.

Part 2: Contact information

Mailing address – You must provide an Oregon mailing address in order for CAREAssist to process your application. **You are responsible for timely replies to our mailed requests so please notify CAREAssist immediately if your contact information changes.**

Home address – If your home address is the same as your mailing address, please check the appropriate box. Home address is where you physically live (*i.e. where you regularly sleep at night*).

Phone information – Please provide your home, work and/or cell phone numbers. CAREAssist must always have up-to-date contact information in order to reach you about your services. For each number provided, please indicate whether CAREAssist can leave a detailed message. CAREAssist will keep your HIV status confidential. If CAREAssist needs to contact you at work, we identify ourselves by the staff member’s name and phone number only. We will never leave a detailed message at your place of employment. Do not record a work number if you do not work, are not allowed to get personal phone calls at work, don’t have a work phone or don’t want to get phone calls from us at work.

Email address – If CAREAssist emails you, we regard that message the same as a mailed letter. CAREAssist will use email as an additional way to contact you with important information about your eligibility.

Friend or family member – Please let us know whether there is a friend or family member that can speak with CAREAssist staff about your services. Please include the person’s relationship to you and their phone number. Any name and number you provide will remain in effect until you tell CAREAssist to cancel the designated contact relationship.

Part 3: Proof of home address

You must provide proof of Oregon residency with this application. The following table outlines the acceptable documents for proof of residency. If you are homeless or do not have documents verifying where you live, you must complete the *Residency verification on page 3*.

List of acceptable Oregon residency documents	
<ul style="list-style-type: none"> • Unexpired Oregon driver’s license • Unexpired Oregon State ID • Unexpired Tribal ID • Recent utility bill (<i>cell phone bills not accepted</i>) • Current lease, rental or mortgage agreement • Most recent property tax document • Copy of SSI/SSDI award letter • Copy of public assistance document (<i>SNAP, OHP, etc.</i>) • Current Oregon voter registration card • Letter from lease holding roommate 	<ul style="list-style-type: none"> • Paystubs showing employee’s home address • Documents issued by a financial institution (<i>such as a bank statement or credit card bill</i>) • Court corrections proof of identity • Homeowner’s association fee • Military/Veteran’s affairs ID • Oregon vehicle title registration card • Approved letter from Oregon State Hospital, homeless shelter or transitional service provider

Part 4: Family/dependent information

Please complete the family and dependent information for all family members who live with you. This information allows CAREAssist to accurately calculate your income and determine your eligibility for benefits.

Family Size – CAREAssist uses the same criteria as the Oregon Health Plan (OHP) to define a family. A family of two or more is a group of persons related by birth, marriage, or adoption/legal guardianship who live together. Following are some examples of how to count household members:

- Married couples who live together are a family of **two**. This includes same sex couples who are legally married. Documentation of spouse’s income is required.
- If you have a life partner, domestic partner or roommate (*and no children in common*), you have a household of **one**.
- If you have a biological/adopted child and reside with (*regardless of marriage status*) the child’s biological parent, you have a family of **three**. Documentation of income for both parents is required.
- If you have only your biological children living with you, you have a household of that many **children plus yourself**. (*For purposes of verification we may require documentation of the legal relationship, such as birth certificates.*)
- If you claim a person outside the definitions discussed here as a dependent, you must provide proof that person is legally adopted or that you have legal guardianship of that person. All dependents claimed must appear on the client’s most recent federal and state income tax returns.

Part 5a: Income information

You must include proof of every income source for each identified family member or dependent with the application. If you are unclear about what to send us, please call CAREAssist. We reserve the right to request more information about your income. We strictly follow income guidelines. However, we will interpret income as favorably as we can. If you file income tax returns, you must include a copy of the most recent year's filing. CAREAssist will verify your income from employment or other State of Oregon records and may ask you to get additional information from the Internal Revenue Service (IRS) such as a tax summary statement that will show all your wages and income. You will then be required to send that information to CAREAssist. Failure to provide CAREAssist with accurate income information may result in denial of this application.

SSI/SSDI recipient – If you get SSI (*Supplemental Security Income*) or SSDI (*Social Security Disability Insurance*), include a copy of this year's Social Security award letter. If you do not have that letter, call your local Social Security office or the national toll-free number 1-800-772-1213, and ask that a letter showing your benefit amount be sent to you.

Self-employed applicants – If the most recent federal tax return is submitted, including a Schedule C (*if filed*), the sum of your gross income will be divided by the number of months claimed and then that amount will be halved. If you have questions about this, please feel free to call us. Once a year, your proof of income must include a copy of your federal tax return and it must include a copy of your Schedule C. CAREAssist may also ask that you get a tax summary statement from IRS, or other documents as requested by the program.

Part 5b: No income statement

If you do not have any regular income, please complete and sign 5b, No income statement. You should indicate how you meet basic needs and support yourself (*food benefits, rent assistance or shelters, collecting bottles, odd jobs, occasional gift from family/friend, etc.*). If the income you receive is regular (*meaning the income is predictable and consistent*), it should be reported in 5a.

Part 6: Employment information

Please indicate whether or not you are employed and the name of your current employer. You should also indicate whether you have the option to enroll in health insurance through your employer, regardless of whether or not you accepted the health insurance.

Part 7: Tobacco use

Please indicate whether or not you use tobacco products, including cigarettes or smokeless tobacco. If you are interested in quitting, tobacco, your CAREAssist caseworker or medical case manager can provide you with information on how to obtain smoking cessation products through insurance if applicable or through CAREAssist.

Part 8a: Health insurance

Please check the appropriate box regarding your health insurance status. If yes, include a Summary of Benefits and Coverage (SOBC), plus a copy of your insurance card (*front and back*). Your Summary of Benefits is an outline of what insurance will pay for on your medical services and prescription drugs, and indicates what deductibles, co-pays or co-insurance you must pay. You may need to call your health insurance company to receive a copy of this document.

IMPORTANT: Eligibility on CAREAssist cannot begin until we have received and reviewed your Summary of Benefits.

Health insurance type – Please record the type of health insurance you have. This includes Oregon Health Plan (OHP or Medicaid), a Qualified Health Plan through the Health Insurance Exchange, a private plan purchased outside of the Health Insurance Exchange, a group policy through an employer and Medicare. You must include your policy number, insurance group number and the primary policy holder’s name. If you are currently uninsured, contact CAREAssist.

Premium information – If you are asking CAREAssist to pay your health insurance premiums, you must include the contact information for the insurance payments office as it is requested. You may be able to get this information from a recent bill or you may need to call your insurance provider. You should submit a premium statement with your application. If you have OHP, **please indicate your Coordinated Care Organization (CCO)**.

Part 8b: Application for health insurance

If you do not currently have health insurance but have recently applied for health insurance, please list the insurance company and the date you applied.

Part 9: Prescription drug coverage

If you currently have health insurance, you must complete this section. Depending on your insurance, you may have to use a CAREAssist network pharmacy, which includes use of a mail-order pharmacy or a store-based pharmacy such as a specific Safeway, CVS and Credena Health. **You will receive more information regarding pharmacy services if approved for CAREAssist.** More information about the CAREAssist pharmacy system can be found at www.healthoregon.org/careassist.

Part 10: HIV case manager

Case managers are trained professionals who help HIV positive clients to have better health. They may help you apply for assistance programs, get health insurance, help complete paperwork to get disability income, help complete the CAREAssist paperwork and can assist you with other services. They may be located at your doctor’s office, a county health department or a community-based organization. If you do not already have a case manager, we strongly urge you to enroll in a case management program. If you are *currently uninsured more than 30 days*, you are required to enroll in Ryan White HIV case management. If you don’t know how to find a case manager, please call our program or visit our website at www.healthoregon.org/hiv.

Part 11: Health care provider(s)

List your HIV specialist if you have one. This is the physician/doctor that treats your HIV.

Part 12: Authorization

Please read, sign and date the bottom section of the authorization.

Part 13: HIV verification

The CAREAssist program must confirm your HIV status in order to process your application. The “HIV/AIDS Confirmation form” ([OHA 8406B](#)) must be completed by you and your licensed medical provider. Please ask your health care provider to send it directly to the CAREAssist program. The CAREAssist fax number is 971-673-0177.

Checklist

Please ensure you have completed the application with all required documents. Please read the checklist to confirm that you have included all the needed back-up paperwork. Submitting an incomplete application can result in delays. If you have any questions about your application requirements, don't hesitate to contact the CAREAssist program at 971-673-0144 or by emailing care.assist@dhsosha.state.or.us.

Checklist – Must have *all* information enclosed for a complete application

- Proof of income from all sources for you and all family members
- Proof of Oregon residency or residency verification form
- A copy of last year's federal income tax return (*if you filed taxes*)
- Summary of Medical and Prescription Benefits (*if you are currently insured*)
- A premium statement (*if you'd like CAREAssist to pay your insurance premium*)
- Copy of your insurance card, front and back (*if you are currently insured*) OR documentation of application through Health Insurance Exchange
- Verify your health care provider has completed the “HIV/AIDS Confirmation Form” ([OHA 8406B](#)) and sent it to us
- Completed and signed application

Send this application to:

CAREAssist
PO Box 14450
Portland, OR 97293
*Email to: care.assist@dhsosha.state.or.us
Fax to: 971-673-0177

*This form may contain your personal information. If you return the form by email, there is some risk of someone intercepting (*receiving or taking*) your application.

If you are not sure how to send a secure e-mail, consider using regular mail or fax.