

## Flexible Services Request

Eligible Population: PHA Medicaid Members (flexible services limit: \$1500 per calendar year)

**Please complete all applicable areas and submit to:**

**[CareManagement@Providence.org](mailto:CareManagement@Providence.org)**

Member Information	
Last Name:	First Name:
DOB:	Summary of need supporting flexible services funds policy:
OHP ID#:	
Home Address:	
Diagnosis related to this request:	
*If BH, consider CareOregon HRS	
For Rent or Utility Request: Current Income & Source (please include past 6 months and next 3 months)	
Reason for financial hardship:	
Requestor Information	
Healthcare Provider:	Phone:
Person completing this form and role:	Phone:

### \*Rent/Mortgage Request

Name & Address Landlord or Mortgage Company:	Amount Requested:
Landlord or Mortgage Company Phone Number:	Purpose of Funds:
Monthly Expense:	
Eviction Notice Date:	
Other occupants & relationship (if eligible with OHP please list indicate which CCO):	
Resources tried <b>in addition</b> to 211, include name and date:	
<b>*Required:</b> Attach rental agreement and payment history. Documentation must be current, include member's name, address, and amount past due, amount due.	

### \*Utility Request

Name & Address of Utility Company:	Amount Requested:
Utility Company Phone:	Purpose of Funds:
Account Number:	
Monthly Expense:	
Shut-off Notice Date:	
Other occupants & relationship (if eligible with OHP please list indicate which CCO):	

Resources tried **in addition** to 211, include name and date:

**\*Required:** Attach utility bill and payment history. Bill must be current, include member's name, address, and amount past due, amount due.

### \*Motel Request

Name, Address, & Phone of Motel:	Amount Requested:
Check In Date:	Purpose of Stay:
Check Out Date:	
Pets or other occupants:	

Has the member declined other shelter or medical placement? If yes, explain:

Resources tried **in addition** to 211, include name and date:

### Other Item/Service Request

Item(s)/Service(s):	Purpose of item:
<p>*For air conditioners: window-units - Rental properties only: the member confirms that the air conditioner unit is approved under lease agreement and/or has confirmed with the landlord that it meets requirements and can be installed per manufacturer's recommendations.</p>	Preferences (color, size, etc.):

Confirm delivery address:

Resources tried **in addition** to 211, include name and date:

Requestor, please attest to the information in this submission is accurate & true to the best of your knowledge:

Signature\_\_\_\_\_ Date\_\_\_\_\_

Anything else you would like us to know:

**Incomplete submissions cannot be processed**

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