

Miscellaneous Resources

❖ Youth Programs

- Application for Judgment of Emancipation
- Boys & Girls Club
 - Parent Handbook
 - Membership Application
- HOME Youth & Resource Center
- OASIS Academy
- Youth Suicide Prevention Resources

❖ Quick Resources

- Area Contacts
 - Salem-Keizer Public Schools
 - 2014-2015 School Calendar
 - DHS Caseworker list 2014
 - Marion County
 - Polk County
 - Pregnancy Resource Centers
- Trip Link Program Guide
- Application for SNAP/Food Stamps

**AFFIDAVIT OF ELIGIBILITY* and
REQUEST FOR COURT-APPOINTED COUNSEL**

Case No: _____

Charges: _____

(Not Public Information)

Case Name: _____	Case Type: _____ <small>(ONLY IF NOT CRIMINAL OR PV)</small>
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I am asking for appointment of an attorney in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependent family. The following information is complete and accurate to the best of my knowledge, and I ask the court to use the information to decide whether I or my child can have an appointed attorney and payment of other defense costs at public expense. I understand that I can be required to document or verify this information. I understand that failure to do so could result in my request being denied, or if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth, I can be required to repay the cost to the state for providing court-appointed counsel and/or I can be charged with a crime, and if convicted, I can be incarcerated.

BE SURE TO READ THE "ADVICE OF RIGHTS" FORM

PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU-IF SOMETHING DOES NOT APPLY, WRITE "NA"

1. PERSONAL

Full Name of Applicant _____
FIRST NAME MIDDLE NAME LAST NAME

Residence Address _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different) _____
ADDRESS CITY STATE ZIP

Telephone No. (____) _____ D.O.B. _____ SSN: _____ ODL/ID: _____
AREA CODE MONTH / DAY / YEAR

Sex: Female Male Marital Status: Married Single Separated Divorced Other: _____

List the following information for everyone living in your household:

Name	Relationship	Age	Monthly Net Income
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. EMPLOYMENT AND INCOME

Present employer _____ How long _____ Occupation _____
Address _____ Telephone No. (____) _____
Hourly wage \$ _____ Average hours per week _____ Net (after tax) monthly income \$ _____
If unemployed, how long since last employment _____

Previous employer _____ How long _____ Occupation _____
Address _____ Net (after tax) monthly income \$ _____

Spouse's employer _____ How long _____ Occupation _____
Address _____ Telephone No. (____) _____
Hourly wage \$ _____ Average hours per week _____ Net (after tax) monthly income \$ _____
If unemployed, how long since last employment _____

Other income for you and spouse, dependents or household members; for example, Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, etc.:

Source of income - DESCRIBE	Amount	How long received	How often received
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Other household members who help pay for your living expenses:

Name	Amount	Payment for what? - DESCRIBE
_____	\$ _____	_____
_____	\$ _____	_____

3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS

Cash \$ _____ If in custody, amount in jail or trust account \$ _____
 Savings Account No. _____ Balance \$ _____ Bank / Branch Office _____
 Checking Account No. _____ Balance \$ _____ Bank / Branch Office _____
 Other Account No. _____ Balance \$ _____ Bank / Branch Office _____

Real Estate:

Address, City	Year of Purchase	Purchase Price	Value	Amount owed	Real estate payments made to
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

Credit Cards:

Card Name / Bank	Account No.	Current Balance	Credit Limit
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Motor Vehicle:

Make, Model, Year	Value	Amount owing	Vehicle payments made to
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Are any of these motor vehicles used for work (other than driving to and from work)? Yes No

All other property or assets; for example, luxury items, antiques, boats, guns, jewelry, tools, etc.:

Description	Value	Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Money owed to you or spouse by others; for example, tax refund, trust, settlement, judgment, etc.:

Name of debtor	Amount owed	Date expected
_____	\$ _____	_____
_____	\$ _____	_____

4. MONTHLY EXPENSES

List all expenses that are actually paid monthly by you individually or by you jointly with spouse:

Rent / mortgage \$ _____ Utilities \$ _____ Food \$ _____ Credit card payment(s) \$ _____
 Car payment(s) \$ _____ Insurance \$ _____ Other: _____ \$ _____
 Medical debts \$ _____ Child care \$ _____ Court-ordered fines/fees \$ _____
 Child support \$ _____ Name of children / ages: _____

5. APPLICANT HISTORY

I have \$ _____ security / bail posted on this or other pending cases.
 Have you ever requested a court-appointed attorney before this application? Yes No
 If "yes," my request for a court-appointed attorney was: Approved Denied
 In which county was your request? _____ Date _____ Charge(s) or type of case _____

I understand that I may be required to pay a \$20 application fee for the processing of this application. If I receive the services of a court-appointed attorney, I understand that I may be required to pay a contribution amount and/or I may be required to reimburse the state for reasonable court-appointed attorney fees and costs regardless of the outcome of the case. Any order for payment of these fees or costs will be based upon my financial ability to pay such fees and costs. I understand I may request the court waive all or part of the potential fees and costs.

I acknowledge receipt of the Advice of Rights form by initialing as follows: _____
 I certify and affirm that I have read the information contained in this form, personally completed this application or requested its completion, and that all statements contained herein are true and complete.

 DATE Applicant has completed this affidavit. **SIGNATURE OF APPLICANT**
 Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

 CLERK OF COURT

ORIGINAL: Court File or Verification

COPIES: Verification or Court File
 Applicant
 Court-Appointed Counsel



MARION COUNTY CIRCUIT COURT

EMANCIPATION INFORMATION JUVENILE DEPARTMENT

Oregon law states that the Juvenile Court may, under certain conditions, grant emancipation status to a child. The basic requirements are:

- 1) The person must be at least sixteen (16) years of age,
- 2) The legal residence or domicile of the legal custodial parent must be in Marion County,
- 3) If the child is under the jurisdiction of a Juvenile Court pursuant to ORS 419B.100 or 419C.005, the domicile of that child shall be that of the court having jurisdiction, and,
- 4) The Juvenile Court will set a reasonable filing fee.

The Juvenile Court at its discretion may enter a judgment of emancipation when the applicant qualifies as listed above, and the Court finds that the best interests of the minor will be served by emancipation. In making its determination, the Court shall take into consideration the following factors:

- 1) Whether the parent of the minor consents to the proposed emancipation,
- 2) Whether the minor has been living away from the family home and is substantially able to be self-maintained and self-supported without parental guidance and supervision, and
- 3) Whether the minor can demonstrate to the satisfaction of the Court that the minor is sufficiently mature and knowledgeable to manage the minor's affairs without parental assistance.

The procedure to follow when requesting emancipation is as follows:

- 1) The youth seeking the emancipation obtains an emancipation application and subpoena form(s) at the courthouse and/or www.courts.oregon.gov/Marion. The youth must complete the application and a separate subpoena for each parent or guardian listed. **THE YOUTH MUST LIST ALL PARENTS AND/OR GUARDIANS ON THE APPLICATION.**
- 2) The youth presents the completed application, subpoena(s) and the fee to the Clerk of the Court, Circuit Court, Marion County Courthouse, 100 High Street NE, Salem, Oregon 97301. The Clerk will provide a court date on the subpoena(s) and return them to the youth for service. The clerk will then forward the application to the Juvenile Court.
- 3) The Juvenile Court shall conduct a preliminary hearing within ten (10) court days of the filing date.

- 4) You must have the subpoenas served to all parents and/or guardians in accordance with ORS 419B.555(3) and ORS 419B.812 to 419B.829, and department policy. A proof of service must be filed with the court for each parent and/or guardian that is served.
- 5) At the hearing, the Court may grant or refuse to grant emancipation.
- 6) Upon entry of a judgment of emancipation by the Court, the applicant shall be given a copy of the judgment. The judgment shall instruct that the applicant obtain an Oregon identification card through the Motor Vehicles Division of the Department of Transportation and that the Motor Vehicles Division make a notation of the minor's emancipated status on the license or identification card.

A judgment of emancipation will serve only to:

- 1) Recognize the minor as an adult for the purposes of contracting and conveying, establishing a residence, suing and being sued, and recognize the minor as an adult for the purposes of the criminal laws of this State.
- 2) Terminate as to the parent and child relationship the provisions of ORS 109.010 until the child reaches the age of majority.
- 3) Terminate as to the child and parent relationship the provisions of ORS 109.053, 109.100, 419B.373, 419B.400, 419.402, 419B.404, 419B.406, 419B.408, 419C.550, 419C.590, 419C.592, 419C.595, 419C.597, and 419C.600.
- 4) A judgment of emancipation shall not affect any age qualification for purchasing alcoholic liquor, the requirements for obtaining a marriage license, nor the minor's status under ORS 109.510.
- 5) An emancipated minor shall be subject to the jurisdiction of the adult courts for all criminal offenses.

A person making application for emancipation status should consult an attorney. The Juvenile Court will not appoint legal counsel for emancipation proceedings.

Discipline Policy

The following negative behaviors will result in automatic suspension of a Boys & Girls Club member for one day:

1. Fighting
2. Stealing
3. Threatening the safety of a Boys & Girls Club member or staff member
4. Damage* to the Boys & Girls Club facility or equipment

* Member is expected to reimburse the Boys & Girls Club for any damage and will be billed. Suspension will continue until a payment plan is approved by the Executive Director.

Open Door Policy

- a. Our staff does not grant permission to kids to leave the Boys & Girls Club, nor do we insist that they stay.
- b. The decision as to when a child arrives and leaves the Boys & Girls Club, and with whom, *is a matter handled between parent and child.*
- c. Children not mature enough to capably handle that responsibility should have the close supervision of other, more appropriate programs.

Contact Information

DORIS J WIPPER TEEN CENTER | 1395 Summer St. NE. | 503.581.7383

EASTWOOD BRANCH | 1120 Savage Rd. NE | 503.361.3081

KEIZER BRANCH | 4840 Noren Ave. NE | 503.304.1313

KNUDSON BRANCH | 1395 Summer St. NE. | 503.581.7383

RICHMOND BRANCH | 466 Richmond SE

SWEGLE BRANCH | 4445 Marker St. NE | 503.391.1519

WEST SALEM BRANCH | 925 Gerth Street NW | 503.428.0285

WOODBURN EXTENSION | 400 Settlemeier Ave | 503.980.2428

SUPPORT SERVICES | 1395 Summer St. NE. | 503.581.7383

For more information on hours and events please come visit us on the web at:

www.bgc-salem.org

WELCOME

PARENT HANDBOOK



**BOYS & GIRLS CLUB
OF SALEM
MARION AND POLK COUNTIES**

Welcome to the Boys & Girls Club

The staff are all excited to have a new member with us. Please take a moment and look over this booklet. Understanding these policies and rules will help each Club member have a rewarding experience that will last a lifetime.

Our Mission

To inspire and enable all youth grades 1-12, especially those who need us most, to realize their full potential as productive, responsible and caring citizens through the development of a positive self-image and self-reliance.

Membership Requirements

Child must be enrolled in school in grades 1-12. Anyone younger than first grade, and high school graduates past the summer following their senior year are not eligible for membership. The Boys & Girls Club may require proof of enrollment in school before processing a membership. For summer program, youth must have COMPLETED the first grade to be eligible for a membership.

Payment Options

Option A: Full payment – One-time program year fee of \$5 for a membership (expires December 31).

Option B: Installment plan – Minimum payment of a 50 cent fee for each visit until the membership is paid in full (10 visits). A Day Pass will be issued for each visit (no more than three) until payment has been made in full, at which time the Club member will be given a standard membership card. Installment passes are not issued during summer program.

Attendance Requirements

- a. The membership card must be brought to the Club each day the member attends. Replacement cards cost 50 cents. The membership card allows the member to check in and is used to participate in games and activities throughout the club.
- b. Day passes for members who forgot their cards cost 10 cents. If the member does not have 10 cents, he/she will be required to earn a Day Pass by completing a task for the Club.
- c. Club members are expected to be actively enrolled in school; therefore, daily attendance at school is required for attendance at the club. If, for any reason (suspension, sickness, etc.), a child does not attend school on any given school day, he/she is not permitted to attend the Boys & Girls Club on that day.

Pick-Up Policy

- a. For their safety, all club members must be picked up by closing time each day. **Supervision is not provided after the facility closes.**
- b. We maintain a record of all children who attend the Club. Youth will sign in and out whenever they attend the Club.
- c. Park in designated parking areas when picking up your child and while attending Club programs.

Phone Calls

- a. Members are not permitted to take or place calls during program hours using Boys & Girls Club business phones. However, staff will be happy to take messages to relay to Club members.
- b. Personal cell phones are permitted for use by Club members in the Membership Services area only.

Valuables

- a. **PLEASE KEEP VALUABLES AT HOME.**
- b. The Boys & Girls Club is not responsible for lost or stolen items.
- c. Please write youth's name on personal belongings.
- d. A "Lost & Found" is kept at all Clubs. Items will be held for approximately one week before being donated.

Acceptable Attire and Dress Code

Club staff have the authority to determine if a Club member's clothing is in violation of being acceptable attire for the Boys & Girls Club.

- a. No head coverings such as hats, stocking caps, hoods, hairnets, and bandanas are allowed.
- b. No clothing or items with racial put-downs, sexually demeaning pictures, words, numbers or sexual innuendo are allowed.
- c. No graffiti or gang-related clothing including gang nicknames, drawings or lettering on clothing, notebooks, backpacks or Club cards are allowed.
- d. No clothing which compromises modesty; including halter tops, tube tops, muscle shirts, backless tops/dresses, see-through attire. Clothing that exposes inappropriate areas is prohibited.

Vending Machines

USE VENDING MACHINES AT YOUR OWN RISK!

Contraband

The use, possession, or distribution of any illegal drug is strictly prohibited while engaging in any Club activity, whether such activity is on or off Club property. Illegal drugs include prescription drugs if used, possessed, or distributed to someone other than the drugs prescribed user.

Club staff has the right to ask members to turn over any suspected contraband. If the member refuses they will be asked to leave the Club.



**BOYS & GIRLS CLUB
OF SALEM
MARION AND POLK COUNTIES**

MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

Membership #: _____
 E – Eastwood S – Swegle
 Z – Keizer W – West Salem
 K – Knudson T – Wipper
 R – Richmond B – Woodburn

Please fill out the entire form **in ink** and write legibly. Incomplete forms will not be accepted.

Check all that apply:

Attendance Type: School Days Non School Days Summer **Attendance Frequency:** Mon Tue Wed Thu Fri

MEMBER INFORMATION

Last name of youth: _____ First name: _____ Middle: _____
 Birthdate (mm/dd/yyyy): ____/____/____ Age at time of application: ____ Gender: Male Female
 Ethnicity: Caucasian African American Hispanic Native American Asian Pacific Islander Multiracial Other
 Has been member before: Yes No Other member of same household is a member: Yes No
 School: _____ Grade: _____
 Youth's address: _____ City: _____ State: _____ Zip: _____
 Phone number: (____) _____ e-mail address: _____

PRIMARY CONTACT

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 Home address: _____
 Employer: _____
 Work address: _____
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

SECONDARY CONTACT

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 Home address: _____
 Employer: _____
 Work address: _____
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

OTHER EMERGENCY CONTACT (other than family member)

Name: _____
 Relationship to member: _____
 Parent / Guardian: Yes No
 Person authorized to pick up member: Yes No
 H phone: _____ Cell phone: _____
 W phone: _____ e-mail: _____

PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER (if applicable)

Name: _____
 Description: _____

MEDICAL INFORMATION

Doctor name: _____ Doctor phone: _____
 Permission for treatment by doctor / hospital: Yes No Do you have Medicaid? Yes No
 Does your family have health and/or accident insurance? Yes No
 Insurance Carrier: _____ Insurance Carrier Phone: _____
 Policy #: _____ Group #: _____
 Serious health problems (including allergies): Yes No If Yes, please explain: _____
 Medications: Yes No If Yes, please explain: _____

PLEASE TURN!

Last name of youth: _____ First name: _____ Middle: _____

HOUSEHOLD INFORMATION

This information is collected for grant writing purposes ONLY and is strictly confidential.

Member lives with:

Both parents Mother ONLY Father ONLY Parent & step parent Foster parent Other, specify: _____

Number of persons in household: _____ Number of children under age 18: _____

Is a member of the household 65 years old or older: Yes No Is a parent or guardian a member of the military: Yes No

Does the member currently receive: Free lunch Reduced price lunch Neither

Annual combined household income:

\$0 – \$5,000 \$5,001 – \$12,000 \$12,001 – \$22,000 \$22,001 – \$32,000 \$32,001 – \$40,000 \$40,001+

PARENT RELEASE

By signing below, you acknowledge and agree to the following Club policies:

I hereby give permission for my child to be photographed, videotaped, and/or interviewed for use by the Boys & Girls Club of Salem, Marion and Polk Counties (BGC) and Boys & Girls Club of America in productions, marketing, training, services, and similar purposes. I understand that my child will receive no compensation or consideration for the release, and that I can revoke this right at any time in writing. (Contact branch director for opt-out form).

I hereby give permission for the BGC to have access to my child's teachers, grades, report cards and/or test scores in conjunction with programs related to education and case management.

I agree that if my son or daughter needs to be picked up due to illness, injury, or suspension, I will pick up my child or arrange to have him/her picked up within 30 min.

I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.

I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the Boys & Girls Club. I understand all results will be kept strictly confidential.

My child may participate in all Boys & Girls Club activities in or adjacent to the Club building.

I may be asked to join Boys & Girls Club Parent Committee and would like to have more information about it.

***** **OPEN DOOR POLICY** *****

The Boys & Girls Club of Salem, Marion and Polk Counties (BGC) has an **OPEN DOOR POLICY**. Members are allowed to leave the Club property when they please. The Club assumes no responsibility for members who choose not to come on a particular day or who choose to leave early. Club supervision only occurs within our building. If you want your child to remain in the Club at all times, please instruct him/her not to leave. Arrangements should also be made for your child's transportation to and from the club, unless s/he is allowed to walk.

As a parent and/or guardian of the applying member, I agree BGC shall not be held responsible or liable in the event of harm or injury to the applying member. This also includes the applying member's welfare and/or whereabouts. If I file a complaint against BGC, I agree to pay for the applicable legal expenses on behalf of BGC.

I hereby grant permission for my child to become a member of BGC. I certify that I am the child's parent and/or guardian and have full power, right, and authority to enter into this release on behalf of the child and understand all applicable terms, conditions, and provisions.

Parent's Printed Name

Parent's Signature

Date

FOR OFFICE USE ONLY:

Paid: Yes No

Membership type (circle all that apply):

New Renewal HSC Scholarship Outreach Military

Member info entered on: ___/___/___ By: _____ Complete data entered on: ___/___/___ By: _____

HOME Youth & Resource Center

Program of Community Action Agency



(503) 391-6428

625 Union St. NE
Salem, Oregon 97301



[Home](#) | [Our Wish List](#) | [Programs](#) | [Youth Leadership](#) | [Facebook](#) | [Blog](#) | [DONATE](#) | [Email](#)

HOME Youth Programs

Assistance: Job hunting; help with family & friends; tutoring; bus transportation; Life Skills

Referrals: Health; overnight shelters; mental health; abuse.

Activities: Games; crafts; computers; sports and leisure.

Employment: HOME provides entry-level job experience in janitorial service and meal preparation.

Community Support: HOME is a program of Community Action Agency and is a recipient of United Way dollars. Our funding comes from a variety of sources including government, grants and foundations, events, and individual donors. HOME receives thousands of dollars/year of in-kind and volunteer support.

Community Advocate:

- Families in crisis connect with the Advocate for screening, support and connections to services, intervening to preserve the family, improve family functioning. This project is state-funded.
- Assists youth with housing, identification, food stamps, health insurance, schooling and other issues.

We'd love to have you get involved in the Home Youth & Resource Center activities

Have questions? Need help?

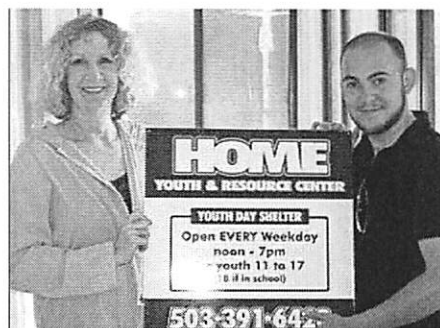
Contact: Peggy Kahan, Program Director (503) 391-6428



Private citizens and businesses can initiate programs that Home Youth Center can integrate.

In this instance, professional web designer Barbara Castleman of LadyWebPro.com awards a brand-new Dell computer to a youth who did well in meeting specific standards of conduct over a few months time. The program was administered in cooperation with HOME supervisors.

Award systems are an important way for youth to learn responsible behavior patterns and also know that people in the community care about them reaching higher goals.



Sign donated by Signworks of Oregon



ABOUT OASIS

The school classroom is designed for students who need a higher level of support than a general education learning environment and would benefit from a small school environment. The classrooms focus will be on teaching skills: academic, behavioral, and social skills. The school focuses on Collaborative Problem Solving:

As applied to challenging kids, the model sets forth two major tenets: first, that these challenges are best understood as the byproduct of lagging cognitive skills (rather than, for example, as attention-seeking, manipulative, limit-testing, or a sign of poor motivation); and second, that these challenges are best addressed by teaching children the skills they lack (rather than through reward and punishment programs and intensive imposition of adult will).

- thinkkids.org

Staffing includes two highly trained mental health Instructional Assistants, qualified mental health therapeutic teacher and therapeutic intervention coach, as well as a Qualified Mental Health Professional Therapist and a Psychiatrist.

District Responsibilities for Therapeutic Day School/Day Treatment and Mental Health Evaluation

Assessments
IEP
Eligibility
Placement Data
Related Services
Psychiatric Evaluation
Interpretation Services
Related Services

Direct Services/Cost

Related Services
Mental Health Assessment
Psychiatric Evaluation

STAFF

Stacey Sibley

WESD Director of Special Programs,
Principal/Administrator

Jordan Spikes

Oasis Brooks Lead Therapeutic Coach

Verda McClain

Oasis Dallas Lead Therapeutic Coach

Alistair Rolle

Oasis Yamhill Lead Therapeutic Coach

Erik Kola

CPS Consultant

Ed Keating

Therapist

Debbie Hassler

Senior Clerical Specialist



Oasis Academy

SCHOOL OF EXCELLENCE
USING

COLLABORATIVE

PROBLEM SOLVING (CPS)

Day Treatment K-12

Therapeutic Day School K-12

Stabilization and Evaluation K-12

SITES

OASIS DALLAS
1375 SW MAPLE ST.
DALLAS, OR 97338

OASIS BROOKS
10653 71ST AVENUE
BROOKS, OR 97305

OASIS YAMHILL
2045 SW HWY 18, SUITE 100
MCMINNVILLE, OR 97128

THE CLASSROOM

The classroom will focus on teaching pro-social skills. Each student will be assessed for lagging skills and skills will be taught at the students' current level. Teaching will focus on mastery and support, using accommodations and modifications.

The school will offer a once-a-month parent group that focuses on support and Collaborative Problem Solving (CPS) training.

Students will participate in art therapy, yoga relaxation techniques and gardening.

Academics will be taught at the students' level and students will have access to core curriculum.

All Oregon state testing will be done on site. Our goal at Oasis Academy is to teach students the skills they need to be successful in a less restrictive environment (LRE) such as their home school.

We will use the Intervention Support Team (IST) to transition students back to LRE. As students learn new skills to take back to their home schools, the IST will be able to also help teach and support the students' home schools.

(EXAMPLE) DAILY CLASS SCHEDULE

8:30-2:30 (Monday-Friday)

8:30 - Breakfast and check in

9:00 - Daily Oral Language

9:15 - Calendar and goal setting

9:35 - Literacy

10:35 - Break/Recess

10:45 - Math

11:15 - Goal review

11:30 - Lunch and break

12:00 - Science or Social Studies
(2 days per week)

1:10 - Special: Drumming, Yoga

1:40 - Therapeutic groups: social skills, anger management, transition

2:05 - Check out, goal review

2:15 - Buses

Students will be pulled for individual therapy based on IEP goals and time.

Students will be working towards returning to their home school; all goals will reflect that outcome.

PARENTS

There will be a monthly parent group with childcare and dinner. We will focus on Collaborative Problem Solving (CPS) and support.

EVALUATION AND STABILIZATION

In the evaluation and stabilization program, we will help stabilize students in crisis and then work with the home school district to evaluate academic and lagging skills, mental health and IEP needs. The school district will make all IEP and placement decisions. Our school team will offer any support, data or information to help districts make any decisions. Schools can pay for additional mental health or psychiatric evaluations.

2014 Required Notice of Youth Suicide Prevention Resources

More youth suicide prevention resources are available at: http://sspw.dpi.wi.gov/sspw_suicideprev

Youth Suicide Prevention Resources Are Available

To get updated information on suicide prevention, intervention, and postvention resources, visit DPI's website. There are downloadable documents on the state laws, a fact sheet on youth suicide, and updated suicide prevention curriculum. It also includes an updated webinar of an online gatekeeper training for all staff and DPI's updated one-day training flyer, description, and calendar. Other resources include strategies on suicide interventions, memorial suggestions, and other topics.

Know the Signs

Suicide doesn't usually happen out of the blue—there are often warning signs for others to see or hear. Get the *FACTS* and know the suicidal thinking signs of your students, friends, and family members.

Suicide Prevention: Warning Signs

Feelings

- ◆ Hopelessness
- ◆ Rage, uncontrolled anger, seeking revenge
- ◆ Feeling trapped – like there's no way out
- ◆ No sense of purpose in life

Actions

- ◆ Acting reckless or engaging in risky activities
- ◆ Withdrawing from friends, family and society
- ◆ Increased alcohol or drug use
- ◆ Giving away prized possessions

Changes

- ◆ Decline in quality of school work
- ◆ Dramatic mood changes
- ◆ Anxiety, agitation, change of eating/sleeping habits

Threats

- ◆ Threatening/talking about hurting self

From American Association of Suicidology (AAS)

Suicide Is a Complex Problem

Multiple factors are involved when someone dies by suicide. Oversimplifying the reasons someone takes their own life is not helpful. For instance, saying bullying "caused" someone to end their life is not all-encompassing. Not all bullying victims kill themselves. Research suggests many factors contribute to suicide. These include: biological factors, precipitating factors, and triggering events. Examples of biological factors include mental illness or losing a family member to suicide. Precipitating factors include poor grades, attending an unsafe school, victimization, or family rejection. Crisis/triggering events include experiencing a major loss, humiliation or bullying, and having access to lethal means. Suicide is a complex problem that is often misunderstood when oversimplified.

From: American Association of Suicidology (AAS) webinar January 2011.

Identifying mental illness or alcohol/other drug abuse problem is significant.

- The most common mental illness leading to suicide is depression. It is also the most treatable!
- In the 2013 YRBS, over 25 percent of high school students experienced persistent sadness or hopelessness. About six percent of high school students attempted suicide. This shows that depression is somewhat common, but suicide is not.
- Binge drinking is highly correlated with suicide attempts. 90 percent of people who died by suicide had some form of mental illness and/or an alcohol/other drug abuse problem.

Reducing access to lethal means can be very worthwhile. (see www.meansmatter.com)

- Limiting access to the means for suicide provides the most significant reduction in suicide rates. Most often, youth who attempt suicide use a gun kept in the home.
- Do not allow youth to have unsupervised access to firearms and certain medications. Encourage safe/secure storage of lethal means is a critical prevention strategy.

When youth are facing what they believe is a crisis and exhibit warning signs of suicide, be sure they are not left alone or sent home without supervision.

Suicide Prevention Resource Center
www.sprc.org

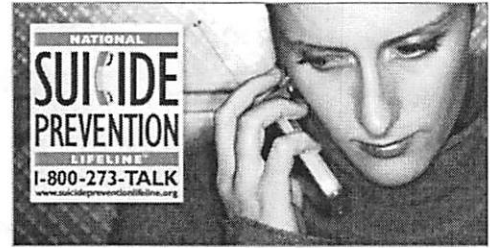
Prevent Suicide Wisconsin
www.preventsuicidewi.org

Helping Others Prevent and Educate about Suicide
www.hopes-wi.org

American Association of Suicidology
www.suicidology.org

WI Safe and Healthy Schools Training Center
www.wishschools.org

Important Resources



What can you do if you are concerned about a student?

Teachers and other school staff are well-positioned to observe student behavior and to **ACT** if there is a suspicion that a student may consider self-harm. Suicide is a permanent solution to a temporary problem; but for kids, their problems can seem endless at this stage. If we get them through the crisis, there is a 90 percent chance that they will never attempt suicide. ACT stands for **Acknowledge, Care, and Tell**.

A

Acknowledge feelings rather than minimizing them. Telling a student to “*get over it*” or “*move on*” is not a realistic outcome when dealing with a person with depression.

- “*I’m sorry to hear about this. It sounds really hard.*”

C

Show Care and Concern for the student by taking the next step.

- “*I’m worried about you. I don’t want anything bad to happen to you or for you to be hurt.*”

T

Tell a member of your crisis team. They know how to work with students who have concerns like these.

- “*Let’s go talk with someone in the counseling office.*”

These steps (Acknowledge-Care-Tell) are central components of the “Signs of Suicide” program (SOS), an evidence-based school-wide intervention program. SOS kits for middle school and high school are available through your local CESA. The law mandates schools to educate students on suicide prevention; see the laws handout on the DPI website for further details on curriculum.

Common Concerns

What if I make a mistake? Can I be sued?

State law insulates all public and private school district employees and volunteers from civil liability for their acts and omissions when trying to intervene in a student’s possible suicide. The legislature found it so important that adults take action when a student is suicidal that they insulated those adults from civil liability for their efforts with suicidal students.

Does asking about suicide cause a student to attempt it?

No. This issue has been thoroughly studied. By asking a student about suicidal intent, you are offering to help them. Please do your best to reach out to students.

Seeing Urgent Warning Signs?

Here’s What to Avoid

All children and adolescents can experience moodiness and will take time to ask life’s big questions. Since they lack the perspective of time, they can become overwhelmed. The best roles for teachers are to support students, and if you see the suicide warning signs, use ACT. Some of the statements below might make perfect sense for students who aren’t suicidal; but when kids are in crisis, these things can make it worse.

Here are some things to avoid when you see the urgent warning signs:

Don’t Shame

- “*You’ve got to get over this. It’s not a big deal.*”
- “*Why are you so worried? Move on!*”
- “*You’re too sensitive. Grow up!*”

Don’t Delay

- When you see urgent warning signs, get help right away, don’t wait.

Don’t Blame

- “*If you wanted a better grade, you would have worked harder.*”
- “*You’ve got no one to blame but yourself.*”
- “*Maybe you should change your attitude if you want friends.*”

Don’t Give Up

- Suicide is NOT a destiny—when people make it through the suicidal crisis, they usually go on to live healthy, productive lives!

Don’t Do It Alone

- Consult other pupil services staff or administration to help.

All email addresses are: last name_first name@salkeiz.k12.or.us

399- EXT	SCHOOL	OP UNIT	FAX	PRINCIPAL /DIRECTOR	OFFICE MANAGER	SCHOOL ADDRESS	START TIME	END TIME
Elementary (Grades K-5)								
3128	Auburn (T)	144	4110	Susan Luthra	Sherie Stombaugh	4612 Auburn Rd. NE, 97301	9:15	3:30
2062	Battle Creek	258	2094	Linda Dougherty	Mary Clark Luce	1640 Wain Dr SE, 97306	9:15	3:30
3132	Brush College	242	4077	Artonya Gemmil	Nancy Gustafson	2623 Doaks Ferry Rd. NW, 97304	9:15	3:30
3134	Bush (T)	233	4021	Monica Takata	Tammy Sheets	410 14 th St. SE, 97301	8:50	3:20
3136	Candalaria	243	3525	Karl Paulson	Cathie Hallowell	935 Hansen Ave. S, 97302	9:15	3:30
3195	Chapman Hill	252	7846	Heidi Litchfield	Tonya Hodsdon	1500 Doaks Ferry Rd. NW, 97304	8:55	3:10
2571	Chávez (T)	257	2576	Gary Cobb	Patty Bermudes	2400 Walker Rd. NE 97305	9:15	3:30
3138	Clear Lake	131	4072	Tara Baldrige	Debbie Davenport	7425 Meadowglen St. N, Keizer,	9:15	3:30
3141	Cummings	132	4033	Lisa Sundseth	Cindy Voves	613 Cummings Ln. N, Keizer 97303	9:15	3:30
3143	Englewood	145	4085	Gary Etchemendy	Kay Wallace	1132 19th St. NE, 97301	8:40	2:55
3311	Eyre (T)	241	4078	Marc Morris	Bob Barnes	4868 Buffalo Dr. SE, 97317	9:15	3:30
5548	Forest Ridge	149	3469	Marya Kalugin	Kandle Goode	7905 June Reid Pl. Keizer, 97303	9:15	3:30
3145	Four Corners (T)	235	4148	Phil Decker	Dawne Wetter	500 Elma Ave. SE, 97317	8:45	3:00
3151	Grant Community School (T)	146	5557	Teresa Tolento	Angie Gee	725 Market St. NE, 97301	8:50	3:20
3275	Gubser	142	4135	Dave Berthoff	Nadya Efseaff	6610 14th Ave. NE, Keizer, 97303	9:15	3:30
3451	Hallman (T)	152	4063	Jennifer Vanslander	Eileen Monahan	4000 Deerhaven Dr. NE, 97301	9:15	3:30
3454	Hammond	151	5174	Lori Tan	Cinda Ritson	4900 Bayne Street NE, 97305	9:15	3:30
3457	Harritt	255	2173	Martina Mangan	Jackie Rodriguez	2112 Linwood Street NW, 97304	9:15	3:30
3153	Hayesville (T)	133	4076	Michelle Halter	Pepper Martin	4545 Ward Dr. NE, 97305	8:45	3:00
3155	Highland (T)	135	4136	Christi Cheever	Michael Crop	530 Highland Ave. NE, 97301	8:50	3:20
3157	Hoover (T)	147	7844	Jason Weaver	Leah Garro	1104 Savage Rd. NE, 97301	8:40	2:55
2110	Kalapuya	256	2112	Jennifer Neitzel	Nicole Harvey	2085 Wilmington Av NW 97304	9:15	3:30
3161	Keizer (T)	136	3435	Tracy Moisan	Alisa Gilbertson	5600 McClure St. N, Keizer 97303	9:10	3:25
3163	Kennedy (T)	137	3436	Jesse Leonard	Delia Wright	4912 Noren Ave. NE, Keizer 97303	9:00	3:40
3477	Lamb (T)	150	5079	Scott Stenlund	Dixie Montgomery	4930 Herrin Rd. NE, 97305	8:45	3:00
5570	Lee	254	3365	Don Hakala	Kathy Hurley	5650 Venice St. SE, 97306	9:15	3:30
3165	Liberty	244	4185	Bill Wittman	Deanne Gray	4871 Liberty Rd. S, 97306	8:45	3:00
3167	McKinley	239	3527	Annie Morton	Katie Buckley	466 McGilchrist St. SE, 97302	9:00	3:15
3332	Miller	237	3318	Jessica Brenden	Heidi Roskop	1650 46 th Place SE, 97317	9:15	3:30
3173	Morningside	245	3528	Bonney Dietrich	Nancy Dickerman	3513 12th St. SE, 97302	9:05	3:20
3175	Myers	246	4094	Alan deMeurers	Leticia Bovadilla	2160 Jewel St. NW, 97304	9:25	3:40
5548	Optimum Learning Environment	333	2647	Marya Kalugin	Kandle Goode	7905 June Reid Pl. Keizer, 97303	9:15	3:30
3178	Pringle	247	3529	Stacey Lund	Patti Quesnel	5500 Reed Ln. SE, 97306	9:05	3:30
3180	Richmond (T)	240	3535	Lizi Aguilar-Nelson	Eva Vazquez	466 Richmond Ave. SE, 97301	9:05	3:20
3187	Salem Heights	249	4036	Mimi Pileggi	Darci Leighty	3495 Liberty Rd. S, 97302	8:45	3:00
3277	Schirle	250	4087	Clinton Gertenrich	Nancy Hammitt	4875 Justice Way S, 97302	9:15	3:30
3302	Scott (T)	143	4030	Sara Casebeer	Yolanda Mena	4700 Arizona Ave. NE, 97305	9:15	3:30
3337	Sumpter	251	4080	Janet Prats	Donna Robinson	525 Rockwood St. SE, 97306	9:30	3:45
3191	Swegle (T)	140	4138	Corina Valencia-Chavez	Hilda Reyes	1751 Aguilas Ct. NE, 97301	8:30	3:00
3150	Valley Inquiry Charter School	326	4091	Manuel Palacio	Natalie Roth	5774 Hazel Green Rd. NE, 97305	8:45	3:00
3193	Washington (T)	141	4086	Christine Bowby	Lori Welborn	3165 Lansing Ave. NE, 97301	8:15	2:30
3604	Weddle (T)	148	7122	Wendy Roberts	Susan Horning	1825 Alder Dr. NE Keizer, 97303	9:00	3:15
3198	Wright	253	4090	Celeste Lopez	Lynda Cunningham	4060 Lone Oak Rd. SE, 97302	8:45	3:00
3438	Yoshikai (T)	234	4071	Zan Payne	Paula Taylor	4900 Jade St. NE, 97305	8:45	3:00
Middle Schools (Grades 6-8)								
3701	Claggett Creek (T)	125	3708	Rob Schoepper	Korrine Jackson	1810 Alder Dr. NE Keizer, 97303	8:10	2:50
3444	Crossler	221	4005	Kristine Walton	Sandy Armenakis	1155 Davis Rd. S, 97306	7:55	2:35
3446	Houck (T)	124	391-4167	Greg Cole	Amy Trussell	1155 Connecticut SE, 97317	8:10	2:50
3408	Howard St. Charter	320	7861	Christina Tracy	Robin Johnson	710 Howard St. SE, 97302	8:30	3:15
391-7030	JGEMS	325	4070	Joyce Yoder	Debbie Salmon	999-B Locust St. NE 97301	7:45	2:15
3201	Judson	222	4041	Alicia Kruska	Angie Perin	4512 Jones Rd. SE, 97302	8:10	2:50
3206	Leslie	220	3479	Denny McCarthy	Laura Fox	3850 Pringle Rd. SE, 97302	8:00	2:40
3210	Parrish (T)	122	4004	Steve Nelson	Tracy Fitzke	802 Capitol St. NE, 97301	7:40	2:20
3442	Stephens (T)	123	4079	Matt Biondi	Kelli Nielsen	4962 Hayesville Dr. NE, 97305	7:40	2:20
2030	Straub	224	2032	Laura Perez	Rosa Orozco	1920 Wilmington Av NW 97304	7:55	2:35
3215	Waldo (T)	120	4070	Tricia Nelson	Lisa Hodson	2805 Lansing Ave. NE, 97301	7:40	2:20
3220	Walker	223	5540	Bridget Weldon	Dinah Walsh	1075 8th St. NW, 97304	8:05	2:45
3224	Whiteaker	121	7872	Vacant	Lisa Meyer	1605 Lockhaven Dr. NE, 97303	7:55	2:35
High Schools (Grades 9-12)								
365-4800	Early College High School (Alt Ed)	779	365-4703	Jay Weeks	Tami Walter	4071 Winema Pl, NE Bldg 50, 97305	8:35	3:25
3080	McKay (T)	111	7807	Sara Leroy	Blanca Kale	2440 Lancaster Dr. NE, 97305	8:20	3:18
3233	McNary	110	4025	John Honey	Jan Moch	595 Chemawa Rd N, 97303	7:30	2:20
3241	North (T)	112	7808	Cynthia Richardson	Amy Ponder	765 14th St. NE, 97301	7:30	2:20
5550	Roberts High School (Alt Ed)(T)		391-4075	Jay Weeks	Oribel Villalobos	3620 State St. 97301	various	
3252	South	211	7805	Lara Tiffin	Kim Marshall	1910 Church St. SE, 97302	7:30	2:20
3261	Sprague	212	4046	Curtiss Scholl	Jenny Wuest	2373 Kuebler Blvd. S, 97302	7:28	2:20
5533	West	213	5004	Ken Phillips	Rebecca Mucken	1776 Titan Dr. NW 97304	7:30	2:20

(T) = Title 1 school

COM-W007

as of 7/10/14 v1

2014-2015 SCHOOL CALENDAR

AUGUST/SEPTEMBER				
NT1/2 25	26	27	28	29
H 1	ESD1 2	KDRA 3	KDRA 4	KDRA 5
KDRA 8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Sept. 2 – First Day for Grades 6 & 9
 Sept. 3 – First Day for Grades 1-5, 7-8 & 10-12
 Sept. 9 – First Day for Kindergarten

OCTOBER				
		1	2	3
6	7	8	9	SID 10
SG1/2 SSD1/2 13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

NOVEMBER				
3	4	5	6	7
EG 10	H 11	12	13	14
17	18	K 19	K 20	21
SG1/2 SSD1/2 K-12 C 24	K-12 C 25	NS 26	H 27	H 28

DECEMBER				
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	DH 23	H 24	25	26
29	30	31		

JANUARY				
			H 1	2
5	6	7	8	9
12	13	14	15	16
DSSH 19	HSF 20	HSF 21	HSF 22	23
ESD1 SG1 26	27	28	29	30

FEBRUARY				
2	3	4	5	6
9	10	11	12	13
SH 16	17	18	19	20
23	24	25	26	27

MARCH				
2	3	4	5	EG SG1/2 SSD1/2 6
9	10	11	12	13
16	K-8 EC 17	K-8 C 18	K-8 NS 19	20
23	24	25	26	27
30	31			

APRIL				
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
SG1/2 SSD1/2 ESD1 27	28	29	30	

MAY				
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
H 25	26	27	28	29

JUNE				
1	2	3	4	5
HSF 8	HSF 9	HSF EG MSE 10	SG1 EG1/2 ESD1/2 11	M 12
M 15	16	17	18	19

Elementary Last Day – June 9
 Secondary Last Day – June 10

Appropriate Activities Required by Statute:	
Constitution Day	September 17
Columbus Day	October 13
Martin Luther King, Jr. Day	January 19
Lincoln's Birthday	February 12
Admission of Oregon into the Union ..	February 14
Washington's Birthday	February 22
Women in History Week	March 9-13
Arbor Week	April 6-10

LEGEND	
NT 1/2	– New Teacher Half-day Inservice
I	– All Staff Inservice Day (No Students)
	– First Day of School for Grades 6, and 9
	– First Day of School for Grades 1-5, 7, 8, 10-12
	– First Day of School for Kindergarten
H	– Holiday
NS	– No Students
DH	– District Holiday
HSF	– High School Finals - Early Release
MSE	– Middle School Early Release
SID	– Statewide Inservice Day
EG	– Elementary Grading Day
SG 1/2	– Secondary Grading Half-day
SG1	– Secondary Grading Day
ESD1	– Elementary Staff Development Full Day
SSD 1/2	– Secondary Staff Development Half-day
K	– Kindergarten Conferences (No Kindergarten)

K-8 C	– Kindergarten to 8th Grade Conferences/ HS Optional Conferences (No K-8th grade students/Staff Extended Schedule)
K-8 EC	– Kindergarten to 8th Grade Evening Conferences/ HS Optional Conferences (No Kindergarten/Reg. school day grades 1-8/Staff Extended Schedule)
6-12 EC	– 6th to 12th Grade Evening Conferences Optional (Reg. school day/Staff Extended Schedule)
K-12 C	– Kindergarten to 12th Grade Conferences (No Students/Staff Extended Schedule)
KDRA	– Kindergarten Developmental Reading Assessments & Parent Conferences
DSSH	– Designated State School Holiday (Non-paid for less than 12-mo. employees)
SH	– School Holiday (Non-paid for less than 12-mo. employees)
	– Winter/Spring Breaks
	– Commencement
M	– Make up for emergency closure days if called by Superintendent.

**SCHOOL DISTRICT 24J
SALEM, OREGON**

School Calendar Based on
Traditional Schedule

**ADOPTED BY
SALEM-KEIZER SCHOOL DISTRICT
June, 2013**

Community Partner List

Capital City Business Center
 SDA-3 Marion Co.Child Welfare
 4600 25th Ave. NE, Suite 110
 Salem, OR 97301-0338

Phone (503) 378.6800
 1.800.854.3508
 Fax (503) 378.3061
 Oregon Relay 1.800.676.3777

Cube #	Load Code	First, Last name, Title	CD	Phone	Support Staff/Ext.	Supervisor
624	WT	ADELINA M. QUINTERO - SSA	§	378-3112	-	JACOB POTTER x88250
631	WV	ADRIANA RUIZ-PALOMINO - SSA	§	378-4081	-	JACOB POTTER x88250
509	NQ	ADRIENNE CLARK - PERM SSSI		378-6197	-	TEMRE YANN x84124
-	-	AHNJENE BOLEYN - WESTRN RESOURCE CONSULT	503	277-6768	-	AJ GOINS
549	TF	AIMEE PETER - PERM SSSI		378-6196	-	JENNIFER MILLSAP x84952
526	WM	ALAN ALNE - PERM SSSI		378-6876	-	ANDY MOSZER x85180
651	-	ALEJANDRA GUERRERO - SSA INTERN		378-6891	-	JACOB POTTER x88250
630	WC	ALEX CASTRO - SSA		378-4123	-	JACOB POTTER x88250
302	EA	ALEXANDRIA ARREGUIN - RECEPTION /PAYMENT CLERK		378-2997	-	SANDRA WEDDLE X 82908
607	SI	ALICIA KUENY - CERT SSSI		378-4490	JEANNE JACKSON x85286	JANICE BOUGHN x84470
620	WD	AMANDA BRUNDIDGE - SSA		378-6239	-	JACOB POTTER x88250
604	JG	AMANDA GOFFIN - MH & CANS MTG COORD.	§	378-3177	-	TAMARA MILLER x83657
574	SO	AMANDA STANDIFORD - PERM SSSI		378-4397	-	JULIE BROWN x82979
453	DQ	AMBER GREER - CPS SSSI		378-5709	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
216	DP	AMBER MCCLELLAND - INTAKE SUPERVISOR		378-4382	-	DAWN HUNTER x83855
615	IV	AMBER WEIGEL - CERT. SSSI		378-5285	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
547	TB	AMIE MCCLELLAND - PERM SSSI		378-8251	-	JENNIFER MILLSAP x84952
568	CN	AMY AMADOR - PERM. SSSI		378-8107	-	JULIE BROWN x82979
575	SQ	AMY ROISE-ABNER - PERM SSSI		378-4388	-	JENNIFER LAIB x84953
649	-	ANDREA ROBERTS - MCHD MV WRAP		373-0383	-	CYDNEY NESTOR x 83852
203	TM	ANDY MOSZER - PERM. SUPERVISOR		378-5180	-	DESTA WALSH x83990
570	ST	ANGELA PIZZUTO - PERM SSSI		378-2495	-	JENNIFER LAIB x84953
468	60AS	ANGELA COLES- ICPC SSSI		378-5205	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
809	BG	ANITA GONZALES - CERT SSSI / SHELTER DESK	§	378-4683	JEANNE JACKSON x85286	JANICE BOUGHN x84470
617	PC	ANN ORTIZ-CROW - PT SSSI	§	378-5298	JEANNE JACKSON x85286	JANICE BOUGHN x84470
594	FG	ANTHONY GASBARRO - FILE TEAM/DISCOVERY CLERK		378-3675	-	GLORIA FAHEY x83662
439	IX	APRIL PEACOCK - CPS SSSI		378-6194	JENNIE CHAVIS x83994	COLEEN COLLINS x83792
-	-	ART TEAM/ DISCOVER RM FAX		378-3762	-	-
651	-	ARTURO ROPEZA - SSA VOLUNTEER		378-6891	-	JACOB POTTER x88250
584	FC	ASHLEE ROGERS - FILE TEAM/DISCOVERY CLERK		378-6592	-	GLORIA FAHEY x83662
551	SZ	ASHLEE TIDWELL - PERM SSSI		378-4545	-	JULIE BROWN x82979
651	-	ASHLEY BALDWIN - INTERN		378-6891	-	JACOB POTTER x88250
441	UE	ASHLEY BILYEU - CPS SSSI		378-6884	KIM MUNOZ x84546	DALLAS PEARCE x88030
436	DN	ASHLEY BURTON - CPS SSSI		378-3775	JENNIE CHAVIS x83994	COLEEN COLLINS x83792
581	EH	BAILEY WEISSENFELS - PAYMENT CLERK		378-4120	-	SANDRA WEDDLE X 82908
478	FE	BECKY PAGE- Placement Coordinator		378-4117	-	TAMARA MILLER x83657
-	PS	BECKY SELANDER - DEV PA1 (D3 OFFICE)		373-1417	-	SAM OSBORN 503-373-7199
637	WU	BERNADETTE STODDARD - SSA		378-4083	-	JACOB POTTER x88250
610	DL	BETH DUKE - CERT SSSI		378-4384	JEANNE JACKSON x85286	JANICE BOUGHN x84470
473	MH	BETSY KEATING - LAW SSSI		378-8101	-	HOLLY CATALINA x85239
644	WH	BEVERLY BOATMAN -SSA		378-4625	-	JACOB POTTER x88250
589	-	BILL STINE - OIS TECH (MON)		569-9537	-	STEVE SIMMONS
544	SE	BLANCA BAROCIO - PERM SSSI	§	378-3968	-	NORMA ACEVEDO x84122
554	TY	BREANNA MUNSELL - PERM SSSI		378-3949	-	JENNIFER MILLSAP x84952
498	TN	BRENNIA BAKER - PERM SSSI		378-8703	-	TODD KWAPISZ x83970
484	NN	BRENDA WEITMAN - PT SSSI LAW		378-8682	-	HOLLY CATALINA x85239
430	ET	BRIAN SPANGRUD - FED.REV.SPEC.		378-5398	-	GLORIA FAHEY x83662
580	EF	BRIDGET MIRANDA - PAYMENT CLERK		378-6556	-	SANDRA WEDDLE X 82908
653	-	CANDACE ERICKSON - MCHD MV WRAP		373-0337	-	CYDNEY NESTOR x 83852
587	JC	CANDY CALVILLO - PAYMENTS / DILIGENT REL SRCH	§	378-3995	-	SANDRA WEDDLE X 82908
511	DY	CARMEN OSTROM - PERM SSSI		378-8168	-	ERIK EAST x83083
234	YA	CAROL BLAKELY - PERM SUPERVISOR		378-4626	-	DESTA WALSH x83990
590	SN	CARRIE GOLDEN - PERM SSSI		378-3087	-	ERIK EAST x83083
487	DC	CARYN MOLLER-MATA - SSSI LAW		378-3773	-	TODD KWAPISZ x83970
648	-	CATERINA STROUD - MCHD MV WRAP		373-0344	-	CYDNEY NESTOR x 83852
460	IN	CATHERINE LEWIS-ANTHONY - CPS SSSI		378-4865	-	IRVIN MINTEN x84662
639	WI	CHELSEY MCCRACKEN - PT SSA		378-6343	-	JACOB POTTER x88250
446	DO	CHRISTIAN SCHMIDGALL - CPS SSSI		378-8014	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
-	-	CODY CLARK - MCHD MV WRAP		373-0337	-	CYDNEY NESTOR x 83852
215	IA	COLEEN COLLINS - INTAKE SUPERVISOR	§	378-3792	JENNIE CHAVIS x83994	DAWN HUNTER x83855
616	BE	CONNIE ETTINGER - CERT. SSSI		378-4745	JEANNE JACKSON x85286	SONYA VILLASENOR x88619

Community Partner List

Capital City Business Center
SDA-3 Marion Co. Child Welfare
4600 25th Ave. NE, Suite 110
Salem, OR 97301-0338

Phone (503) 378.6800
1.800.854.3508
Fax (503) 378.3061
Oregon Relay 1.800.676.3777

Cube #	Lead Code	First, Last name, Title	CD	Phone	Support Staff/Ext.	Supervisor
470	GS	CORINNA ANDERSON - INHOME SSS1	§	378-4527	-	IRVIN MINTEN x84662
608	TI	CRISTINA WILLIAMS - CERT. SSS1		378-8011	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
450	GD	CRYSTAL BROWN - CPS SSSI		378-4231	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
219	~	CYDNEY NESTOR - MARION CO MENTAL HEALTH SUP		378-3852	-	DAWN HUNTER x83655
213	UD	DALLAS PEARCE - INTAKE SUPERVISOR		378-8030	KIM MUNOZ X84546	DAWN HUNTER x83655
531	TD	DANEA SKELTON - PERM SSS1		378-4096	-	JENNIFER LAIB x84953
552	SD	DAVID MASON - PERM SSSI		378-3084	-	ANDY MOSZER x85180
567	SL	DAVID SCHMIDT - PERM SSSI		378-5181	-	ERIK EAST x83083
440	IQ	DAVID STANDIFORD - CPS SSSI		378-6446	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
-	-	DAWN COTTRELL - Program Supervisor		566-2999	-	DAWN HUNTER x83655
230	RA	DAWN HUNTER - PROGRAM MANAGER		378-3655	-	SAM OSBORN 503-373-7199
571	AE	DAWN STAN - PERM SSSI		378-4954	-	JENNIFER LAIB x84953
404	MD	DEE MILES - PARALEGAL		378-3282	-	JANICE BOUGHN x84470
576	JD	DENA STREHLOW - PT OSII DISCOVERY CLERK		378-2356	-	GLORIA FAHEY x83662
-	-	DENISE VENINI - DIST3 PRGM TECH 2		373-1762	-	SAM OSBORN 503-373-7199
-	-	DENNETTE CALHOUN-SCHMELTZER - SSA VOLUNTEER		-	-	JACOB POTTER x88250
218	-	DISTRICT ATTORNEY - WRAP		378-8111	-	-
228	UA	DESTA WALSH - PROGRAM MANAGER		378-3990	-	SAM OSBORN 503-373-7199
-	-	DISTRICT 3 ADMIN. OFFICE 3420 Cherry Ave NE Ste 110 Kelzer OR 97303		378-3402	Fax: 503-378-3403	-
210	DA	DYAN BRADLEY - SUPERVISOR		378-3756	-	DESTA WALSH x83990
497	AX	ELISA DESERANO - PERM SSSI		378-4610	-	ERIK EAST x83083
-	-	EMPLOYMENT VERIFICATION - STATE EMP.		945-6698	-	-
632	WC	ERICA JAUREGUI - SSA		378-3113	-	JACOB POTTER x88250
235	ZA	ERIK EAST - PERM SUPERVISOR		378-3083	-	DESTA WALSH x83990
476	BB	ERMA BRUNDIDGE - FP TRAINER SSSI		378-4784	JEANNE JACKSON x85286	JANICE BOUGHN x84470
-	-	PATRICIA M FREEMAN - Volunteer Coord		373-7580	-	SAM OSBORN 503-373-7199
564	AC	GAIL WENIG - PERM SSSI		378-4125	-	NORMA ACEVEDO x84122
533	TR	GARTH TAFT - PERM SSSI		378-6888	-	JENNIFER MILLSAP x84952
483	-	GEORGIENNE HERNANDEZ - SSP HSS1		378-4098	-	JERAMY STEELE x85197
237	FA	GLORIA FAHEY - OFFICE MANAGER		378-3662	-	DAWN HUNTER x83655
-	-	GLORIA SPRAUER - Volunteer Coord		373-7567	-	SAM OSBORN 503-373-7199
-	-	Governors Advocacy Office		-	1-800-442-5238	-
519	NT	GRACIELA ROBLES - INHOME SSS1	§	378-4540	-	JULIE BROWN x82979
429	WR	GRECIA RAMIREZ ALEMAN - SSA	§	378-3786	-	JACOB POTTER x88250
572	SX	GWEN SLIPPY - PERM SSSI		378-4491	-	JULIE BROWN x82979
505	SU	HEATHER UERLINGS - PERM SSSI		378-4095	-	TEMRE YANN x84124
577	FO	HEIDI COURTNEY - PT DISCOVERY CLERK		378-8098	-	GLORIA FAHEY x83662
418	GE	HILLARY ROEDER - CPS SSSI		373-0320	JENNIE CHAVIS x83994	COLEEN COLLINS X83792
206	TQ	HOLLY CATALINA - LAW SUPERVISOR		378-5239	-	DESTA WALSH x83990
-	-	HOTLINE		378-6704	Fax: 503-378-8391	-
403	IG	ISABEL GARCIA - CPS SSSI	§	378-3816	JENNIE CHAVIS x83994	COLEEN COLLINS x83792
209	HA	IRVIN MINTEN - SUPERVISOR		378-4682	-	DAWN HUNTER x83655
225	LA	JACOB POTTER - SSA SUPERVISOR		378-8250	-	DAWN HUNTER x83655
618	BF	JAMEY KADAJA - CERT SSS1		378-4814	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
654	-	JANET DUTKE - MCHD MV WRAP		373-0348	-	CYDNEY NESTOR x 83852
595	EL	JANET HURLEY - ICWA SEARCHES		378-5451	-	SANDRA WEDDLE x 82908
226	GA	JANICE BOUGHN - CERTIFICATION SUPERVISOR		378-4470	-	DAWN HUNTER x83655
603	FN	JEANNE JACKSON - SUPPORT STAFF CERT/ADOPT	J	378-5286	-	TAMARA MILLER x83657
625	FX	JEFF MINDEN - SCREENER		378-2370	-	VACANT x83683
438	DM	JENNA IRVING - CPS SSSI		378-4383	KIM MUNOZ X84546	DALLAS PEARCE x88030
560	FT	JENNA NEASON - FILE TEAM/DISCOVERY CLERK		378-3850	-	GLORIA FAHEY x83662
457	FK	JENNIE CHAVIS - Service Entry Coordinator	J	378-3994	-	TAMARA MILLER x83657
563	FJ	JENNIFER BALDOVINOS - DISCOVERY CLERK		378-4079	-	GLORIA FAHEY x83662
214	HA	JENNIFER CLARK - INTAKE SUPERVISOR		378-4722	-	DAWN HUNTER x83655
204	TJ	JENNIFER LAIB - TRAMA INFORMED CARE UNIT SUP		378-4953	-	DESTA WALSH x83990
203	EZ	JENNIFER MILLSAP - PERM SUPERVISOR		378-4952	-	DESTA WALSH x83990
553	SB	JENNIFER NEWKIRK - PERM SSSI		378-5237	-	ANDY MOSZER x85180
535	TT	JENNIFER OLSON - PERM SSSI		378-5361	-	ANDY MOSZER x85180
602	JJ	JENNY MCKENZIE - Person Management/Intake Coordinator		378-8620	-	TAMARA MILLER x83657

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Fax (503) 378.3061
Oregon Relay 1.800.676.3777

Cube #	Load Code	First, Last name, Title	CD	Phone	Support Staff/Ext.	Supervisor
409	EM	JENNY MUNSON - IV-E SPECIALIST		378-5503	-	GLORIA FAHEY x83662
208	-	JERAMY STEELE - SSP SUPERVISOR		378-5197	-	
499	MS	JESSICA MILLER - SSS1 WELL BEING WRK		378-2111	-	CAROL BLAKELY x84626
420	IY	JOEY YOO - CPS SSSI		378-5545	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
431	WY	JOSE BAUTISTA - SSA	\$	378-4028	-	JACOB POTTER x88250
613	NO	JOSHUA BENJAMIN - SCREENER		378-3753	-	VACANT x83683
622	BJ	JUDI MARTIN - CERT SSSI		378-4712	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
232	XD	JULIE A. BROWN - PERMANENCY SUPERVISOR		378-2979	-	DESTA WALSH x83990
565	JP	JULIE PUGH - MEDICAL ASSISTANT SPECIALIST		378-6896	-	GLORIA FAHEY x83662
593	EX	JULIE STARBUCK - FILE TEAM/DISCOVERY CLERK		378-6887	-	GLORIA FAHEY x83662
583	EN	JUSTINE GRAY - PAYMENT CLERK		378-4870	-	SANDRA WEDDLE x 82908
654	-	KALYN FRANCHINI - MCHD MV WRAP		373-0348	-	CYDNEY NESTOR x 83852
650	-	KAMI K BRACK - MCHD MV WRAP		373-0341	-	CYDNEY NESTOR x 83852
579	JE	KARA TANNER - FILE TEAM/DISCOVERY CLERK		378-8249	-	GLORIA FAHEY x83662
415	IK	KAREN SCHINDLER - CPS SSSI		378-4114	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
407	FD	KARIN BROOK - FR5		378-4121	-	GLORIA FAHEY x83662
621	BK	KARLA M. MAJOR - CERT SSSI		378-4360	JEANNE JACKSON x85286	JANICE BOUGHN x84470
559	FR	KATHERINE FOELSCH - FILE TEAM/DISCOVERY CLERK		378-4394	-	GLORIA FAHEY x83662
481	-	KATE (KATHERINE) SOREM - WOMEN'S CRISIS ADVOCATE'S		378-6283	-	DANA LUNDY
452	DG	KATHRYN BORNINSKI - CPS SSSI		378-5185	KIM MUNOZ X84546	DALLAS PEARCE x88030
548	TK	KATHRYN RAIKES - PERM SSSI		378-2980	-	JENNIFER MILLSAP x84952
433	MC	KATIE JONES - CPS SSS1		378-8019	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
569	TX	KATIE WEIDMANN - PERM SSSI		373-7605	-	JENNIFER LAIB x84953
525	TH	KATRINA GANNON-PETERSON - PERM SSSI	\$	378-6934	-	TODD KWAPISZ x83970
442	II	KAYTIE PIERCE - CPS SSSI		378-2982	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
221	-	KEITH M IRWIN - MCHD WELL BEING THERAPIST/CAN		373-0398	-	CYDNEY NESTOR x 83852
536	SG	KELLY DALLUM - PERM SSSI		378-4879	-	ERIK EAST x83083
474	PK	KEM SUNITSCH - ADOPTION SSS1		378-5289	JEANNE JACKSON x85286	JANICE BOUGHN x84470
456	WN	KEVIN ARNOLD - A&D SPECIALIST WKR		378-3789	JENNIE CHAVIS x83994	JENNIFER LAIB x84953
504	TV	KIM BICKLER - ICWA SSS1		378-2907	-	TEMRE YANN x84124
550	FL	KIM MUNOZ - Person Management/Intake Coordinator	\$	378-4546	-	TAMARA MILLER x83657
463	-	KIMBERLY BRADSHAW - SSP CASEMANAGER		378-4628	-	JERAMY STEELE x85197
521	NB	KIMBERLY TRUMBO - SSSI WELL BEING WRK		378-5064	-	CAROL BLAKELY x84626
561	FW	KRISTA DELAROSA - FILE TEAM/DISCOVERY CLERK		378-2284	-	GLORIA FAHEY x83662
410	EC	KRISTEN MCCOID - IV-E		378-3429	-	GLORIA FAHEY x83662
614	KS	KRISTI SCHELL - SCREENER		378-2265	-	VACANT x83683
491	HH	KRISTINA HUNTER - LAW SSS1	\$	378-5240	-	TODD KWAPISZ x83970
558	FH	KRYSTAL HILL - DISCOVERY CLERK		378-4080	-	GLORIA FAHEY x83662
308	EP	LAURA AMOS - CHECK OUT CLERK	J\$	378-3777	-	SANDRA WEDDLE x 82908
627	XB	LEANNA ERICKSON - SCREENER		378-3694	-	VACANT x83683
458	-	LINA ZHARKOFF - A&D SPECIALIST WKR		378-3790	JENNIE CHAVIS x83994	JENNIFER LAIB x84953
475	MO	LINDSAY ARMSTRONG - SSSI LAW	\$	378-8022	-	TODD KWAPISZ x83970
629	SC	LINDSEY SIMONS - SCREENER		378-3082	-	VACANT x83683
523	RL	LISELOTT HERNANDEZ OLVERA - PERM SSSI	\$	378-2977	-	NORMA ACEVEDO x84122
643	WQ	LORIE WALTERS - SSA		378-3178	-	JACOB POTTER x88250
623	TE	LOURDES DESANTIS - CERT SSS1	\$	378-5191	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
582	EB	LYNDSY BELL - PAYMENT CLERK		378-5573	-	SANDRA WEDDLE x 82908
		MAILE PETTIBONE - INTERN				
516	GM	MAKI HAMER - PERM SSSI	\$	378-4951	-	NORMA ACEVEDO x84122
408	ES	MARCI CERVANTES - IVE/FRS		378-5731	-	GLORIA FAHEY x83662
619	DI	MARCY STENERSON - CERT SSS1		378-3781	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
546	SY	MARGIE SALAZAR - PERM SSSI	\$	378-3279	-	NORMA ACEVEDO x84122
645	WP	MARGO PERRY - SSA	\$	378-3993	-	JACOB POTTER x88250
306	ER	MARIA RUIZ CEJA - RECEPTION /PAYMENT CLERK	\$	378-4614	-	SANDRA WEDDLE x 82908
628	IO	MARILEE ORTIZ - SCREENER	\$	378-3698	-	VACANT x83683
462	-	MARISOL MONTOYA - SSP HSS3	\$	378-8108	-	JERAMY STEELE x85197
224	-	MARY ARREY - OIS TECH (TUES - FRI)		378-4119	-	STEVE SIMMONS 945-9466
626	BL	MARY TORRES - SCREENER	\$	378-3754	JENNIE CHAVIS x83994	VACANT x83683
518	SK	MATTHEW KINTNER - SSS1 WELL BEING WRK		378-4439	-	CAROL BLAKELY x84626
647	-	MEGAN DONECKER - MCHD MV WRAP		373-0343	-	CYDNEY NESTOR x 83852
485	ML	MEGAN SCHMIDT - SSSI LAW		378-8013	-	HOLLY CATALINA x85239

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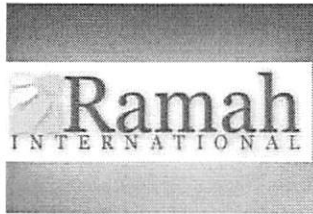
Cube #	Load Code	First, Last name, Title	CD	Phone	Support Staff/Ext.	Supervisor
585	EU	MELISSA ANDERSEN - PT TIME OS2		378-8029	-	SANDRA WEDDLE X 82908
635	JM	MELISSA KENEFICK - Visitation Coordinator		378-3176	-	TAMARA MILLER x83657
461	-	MELISSA KRUG - SSP HSS3	§	378-8167	-	JERAMY STEELE x85197
477	LM	MELISSA LARA - LAW SSS1	§	378-3283	-	TODD KWAPISZ x83970
-	-	MICHAEL HORNADAY - OIS TECH (POLK/YAMHILL)		385-7198	-	STEVE SIMMONS 945-9466
634	WY	MICHAEL JONES - SSA		378-6590	-	JACOB POTTER x88250
617	IC	MICHAEL LANSDON - CERT SSS1		378-8027	-	JANICE BOUGHN x84470
422	IT	MICHELLE LETNEY - CPS SSSI		378-2291	KIM MUNOZ X84546	DALLAS PEARCE x88030
642	WK	MICHELLE PICKETT - SSA		378-5182	-	JACOB POTTER x88250
496	KM	MICHELLE TUMA - SSSI LAW		378-5433	-	HOLLY CATALINA x85239
469	-	MICHELE VONDERAHE - SSP CASEMANAGER		378-4097	-	JERAMY STEELE x85197
612	XH	MIKE HANSEN - SCREENER		378-3691	-	VACANT x83683
471	IM	MINA MALDONADO - ADOPT SSS1	§	378-3950	JEANNE JACKSON x85286	JANICE BOUGHN x84470
600	EG	MOLLY ROTH - PO Entry Coordinator		378-2976	-	TAMARA MILLER x83657
652	-	MONICA ESPINOZA - MCHD MV WRAP		373-0338	-	CYDNEY NESTOR x 83852
221	-	MORGAN RAMSDELL - MCHD CANS		373-0398	-	CYDNEY NESTOR x 83852
233	CA	NORMA ACEVEDO - PERM SUPERVISOR	§	378-4122	-	DESTA WALSH x83990
448	DT	NORMA TREFREN - CPS SSSI		378-4380	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
592	-	OPTIONS - CHRISTOPHER HUPP		378-2862	-	DAWN HUNTER x83655
305	EY	PAIGE SMITH - RECEPTION /PAYMENT CLERK		378-3946	-	SANDRA WEDDLE X 82908
-	-	PATRICIA M FREEMAN - Vol Coordinator		373-7580	-	SAM OSBORN 503-373-7199
221	-	PERCY TORRES - MCHD WELL BEING THERAPIST/CANS		373-0398	-	CYDNEY NESTOR x 83852
639	WL	PRISCILLA TILGNER - PT SSA		378-6343	-	JACOB POTTER x88250
651	-	RACHAEL FREDERICKSEN - INTERN		378-6891	-	JACOB POTTER x88250
641	IR	RACHEL NICHOLSON - SCREENER		378-3686	KIM MUNOZ X84546	DALLAS PEARCE x88030
591	TG	RACHEL PARKER - PERM SSSI		378-3984	-	ANDY MOSZER x85180
606	IW	RACHEL WADSWORTH - CERT SSSI		378-4126	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
424	UR	REBECCA FISCHER - CPS SSSI		378-2910	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
502	OM	REBECCA MCKILLIP - PERM SSSI		378-6243	-	TEMRE YANN x84124
534	SR	RHONDA HOLDER - PERM SSSI		378-3948	-	ANDY MOSZER x85180
425	GB	RICHARD BREWER - CPS SSSI		378-2614	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
636	WX	ROB PATTON - SSA		378-6266	-	JACOB POTTER x88250
646	WS	ROBIN SANDERS - SSA		378-4082	-	JACOB POTTER x88250
578	FP	ROCHELLE PETERS - FILE TEAM/DISCOVERY CLERK		378-4145	-	GLORIA FAHEY x83662
304	EQ	ROSA TAPIA-LEMUS - RECEPTION /PAYMENT CLERK	§	378-8015	-	SANDRA WEDDLE X 82908
550	TU	RYAN HERTLING - PERM SSSI		378-3996	-	JENNIFER LAIB x84953
405	XM	SALLY MCGOWAN - PARALEGAL	§	378-6242	-	JANICE BOUGHN x84470
202	-	SAM OSBORN - DIST 3 MANAGER 3420 Cherry Ave. NE, Ste 110 Salem, Or 97303		373-7199	-	FAX: 503-378-3403
455	GZ	SANDI SPRINGER - CPS SSSI		378-5847	JENNIE CHAVIS x83994	AMBER MCCLELLAND x84382
432	JS	SANDRA KLOSE BRITTLE - IV-E SPECIALIST		378-5744	-	GLORIA FAHEY x83662
239	EI	SANDRA WEDDLE - OFFICE MANAGER		378-2908	-	DESTA WALSH x83990
503	TS	SARA FOX - ICWA SSSI		378-3944	-	TEMRE YANN x84124
527	TL	SARA JAMES - PERM SSSI		378-3114	-	ANDY MOSZER x85180
479	JF	SARA SODERSTROM - PT UA Coordinator		378-5063	-	TAMARA MILLER x83657
555	WF	SARAH ALLBEE - PERM SSSI		378-5183	-	JULIE BROWN x82979
443	KD	SARAH DONOHUE - CPS SSSI		378-2199	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
655	-	SARAH HANSEN - MCHD MV WRAP		373-0345	-	CYDNEY NESTOR x 83852
413	GK	SARAH KING - CPS SSSI		378-3760	KIM MUNOZ X84546	DALLAS PEARCE x88030
307	FS	SARAH KUENLE - MAILROOM CLERK	†	378-8102	-	SANDRA WEDDLE X 82908
434	DS	SARAH PRUETT - PT SSSI ART TEAM WKR		378-6591	-	JENNIFER LAIB x84953
402	IS	SASHA STERLING - CPS SSSI	§	378-5184	JENNIE CHAVIS x83994	COLLEEN COLLINS x83792
445	DH	SHANE PALLESEN - CPS SSSI		378-8554	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
656	-	SHANNON GIMA - MCHD MV WRAP		373-0338	-	CYDNEY NESTOR x 83852
494	SH	SHANNON TAVERNIER - SSSI LAW		378-6889	-	TODD KWAPISZ x83970
639	WE	SHARI DOHERTY - SSA		378-3766	-	JACOB POTTER x88250
411	AB	SHARLA CANFIELD - PERM/CRTSY SSSI		378-5351	-	CAROL BLAKELY x84626
423	DK	SHEILA BOEHMER - CPS SSSI		378-3824	JEUNELLE MCKENZIE x88620	JENNIFER CLARK x84722
562	FZ	SHEILA KELLY - FILE TEAM/DISCOVERY CLERK		378-6268	-	GLORIA FAHEY x83662
-	-	SHELTER DESK		378-4683	Fax : 503-378-8205	
520	TZ	SHERRIE MAHURIN - SSSI WELL BEING WRK		378-8099	-	CAROL BLAKELY x84626

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Cube #	Load Code	First, Last name, Title	CD	Phone	Support Staff/Ext.	Supervisor
228	QA	SONYA VILLASENOR - CERT/ADOPT SUPERVISOR	§	378-8619	~	DAWN HUNTER x83655
488	LK	STACY KIPKO - PERM SSSI	r	378-3815	~	HOLLY CATALINA x85239
303	EJ	STACY ROBERTS - RECEPTION /PAYMENT CLERK		378-5409	~	SANDRA WEDDLE X 82908
221	~	STEFANIE FISCO - MCHD CANS		373-0398	~	CYDNEY NESTOR x 83852
566	OD	STEPHANIE DARCY - PERM SSSI		378-5236	~	ANDY MOSZER x85180
524	MF	STEVE SHANE- ICWA SSS1		378-2984	~	TEMRE YANN x84124
605	WB	STEVEN PRINE - CERT SSSI		378-5053	JEANNE JACKSON x85286	SONYA VILLASENOR x88619
211	JA	TAMARA MILLER - OFFICE MANAGER		378-3657	~	DAWN HUNTER x83655
~	~	TAMI KAUFFMAN - - MCHD MV WRAP		~	~	CYDNEY NESTOR x 83852
654	~	TAMMY WEBBER - MCHD MV WRAP		373-0348	~	CYDNEY NESTOR x 83852
416	IZ	TARYN DAVIS - CPS SSSI		378-4291	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
205	AA	TEMRE YANN - ICWA SUPERVISOR		378-4124	~	DESTA WALSH x83990
490	HS	TERESA STANLEY- LAW SSS1		378-3281	~	HOLLY CATALINA x85239
236	FF	THERESA McCORMICK - ASI		378-8169	~	SANDRA WEDDLE X 82908
573	SM	THOMAS CLARK - PERM SSSI		378-3673	~	JULIE BROWN x82979
419	DT	TIFANI ERPELDING - CPS SSSI		378-4234	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
221	~	TIFFANY GRAVES - MCHD WELL BEING THERAPIST/CANS		373-0398	~	CYDNEY NESTOR x 83852
207	TW	TODD KWAPISZ- LAW Supervisor		378-3970	~	DESTA WALSH x83990
465	WZ	TODD MEANS- INHOME SSS1		378-4587	~	IRVIN MINTEN x84462
545	SW	TONY (FELIX) CARRASQUILLO - PERM SSSI	§	378-3819	~	NORMA ACEVEDO x84122
638	WJ	TRAVIS COIT -SSA		378-4572	~	JACOB POTTER x88250
444	IF	TRISHA MCGOWAN - CPS SSSI		378-4168	JEUNELLE MCKENZIE x88620	WENDY MATTHEWS x86290
~	~	UA COLOR CODE HOTLINE			503-373-7344	
467	~	VERONICA LEON-BALCAZAR - SSP CASEMANAGER	§	378-3093	~	JERAMY STEELE x85197
529	TW	VICKIE LARSON - PERM SSSI		378-4389	~	JENNIFER MILLSAP x84952
435	~	VICTORIA MEREDITH - A&D SPECIALIST WKR		378-3786	~	JENNIFER LAIB x84953
472	PB	VIOLA ASKEY - ADOPTION PT SSS1		378-5367	JEANNE JACKSON x85286	JANICE BOUGHN x84470
~	~	VISITATION HOTLINE		378-8021	~	JACOB POTTER x88250
212	KW	WENDY MATTHEWS - INTAKE SUPERVISOR		378-6280	JEUNELLE MCKENZIE x88620	DAWN HUNTER x83655
480	~	YADI DAVILA - SSP HSS1	§	378-4115	~	JERAMY STEELE x85197



HELP IN YOUR AREA
[Click Here](#)



OR - Oregon Pregnancy

Resource Centers

Most pregnancy centers listed offer:

free ultrasounds, free medical quality pregnancy tests and confidential services.

If your pregnancy center information is incorrect, not listed or you would like us to link to your center website please email: essammot@aol.com

About Sydna Masse
Have Sydna Speak At Your Event
Ramah International Store
Ramah Training Seminars
Video Training Library
Audio Training Library
Understanding the Post-Abortive
Abortion Recovery
Abortion Recovery Video Programs
Post-Abortion Healing Place
For Post-Abortion Ministry Leaders
Ramah's Voice Newsletter Archives
Pregnancy Center Website Design
About Ramah International
Make A Tax Deductable Donation
Silent No More
Abortion Clinics Information
After Abortion
Are You Pregnant?
Vital Information
Are You Considering Abortion?

Rachel Pregnancy Center
 2194 Court Avenue
Baker City, OR 97814
 541-523-5357

Options Pregnancy Resource Center
 1800 16th Avenue SE
Albany, OR 97322
 541-924-0160

Ashland Pregnancy Resource Center
 318 B Street
 Ashland, OR 97520
 541-772-1921

Pregnancy Resource Center
 360 9th St
Astoria, OR 97103
 503-325-9111

Beaverton Pregnancy Resource Ctr
 4795 SW Watson Ave
 Beaverton, OR 97005
 503-643-4503

Pregnancy Resource Center
 131 NW Hawthorne Avenue Suite 201
Bend, OR 97708
 541-385-5334

Pregnancy Care Center
 344 Pacific Ave
Brookings, OR 97415
 541-469-1846

Canby Pregnancy Care Center
 149 N Holly St
 Canby, OR 97013
 503-266-2673

Pregnancy Center
 319 Caves Hwy
Cave Junction, OR 97523
 541-592-6058

Clakamas Pregnancy Resource Center
 13053 SE 84th Avenue
Clackamas, OR 97015
 503-659-3336

Pregnancy Resource Center
 291 SE 7th St
 Madras, OR 97741-1510
 541-475-5338

Pregnancy Information Center
 101 S. Baker Street
 McMinnville, OR 97128
 503-434-4400

Birthright
 328 S. Central Ste. 109
Medford, OR 97501-7274
 541-772-5971

The Pregnancy Center
 2019 Aero Way Suite 103
 Medford, OR 97504
 541-772-1921

Milwaukie Pregnancy Resource Ctr
 14419 SE McLoughlin Blvd
 Milwaukie, OR 97267-1412
 503-659-3336

Molalla Pregnancy Care Center
 120 Engle Avenue
Molalla, OR 97038
 503-829-2673

Pregnancy Counseling Information Ctr
 1548 E. 1st Street
 Newburg, OR 97132
 503-554-8938

Birthright
 145 NW 10th St
 Newport, OR 97365-3236
 541-265-2404

Pregnancy Resource Center
 17 SW 6th Street
 Ontario, OR 97914
 541-889-4272

Pendleton Pregnancy Care Services
 17 SW Frazer Ste 255
 Pendleton, OR 97801
 541-276-5757

Pregnancy Resource Center
 490 Commercial Ave
 Coos Bay, OR 97420
 541-267-5204

Options Pregnancy Resource Center
 867 NW 23rd St
 Corvallis, OR 97330
 541-758-3662

Pregnancy Care Center
 510 E. Washington Blvd.
 Crescent City, OR 95531
 707-4643-3233

First Way
 1667 High Street
 Eugene, OR 97401
 541-687-8651

Lane Pregnancy Support Center
 142 E 13th Ave Ste 5
 Eugene, OR 97401
 541-345-0400

Pregnancy Resource Center
 640 NW Wade Street
 Estacada, OR 97023
 503-630-4002

Caring Pregnancy Center
 1525 12th Street Ste. F
 Florence, OR 97439
 541-902-2273

Pregnancy Care Center
 714 SE 8th Street
 Grants Pass, OR 97526
 541-479-6264

Pregnancy Resource Center
 104 NW 11th Ave
 Gresham, OR 97030
 503-666-6527

Women's Care Center
 1055 S. Hwy 395 Ste. 111
 Hermiston, OR 97838
 541-567-2393

Birthright
 232 NE Lincoln St Ste. F
 Hillsboro, OR 97123-0493
 503-648-6766

Columbia Gorge Pregnancy Resource Center
 1936 12th Street, #100
 Hood River, OR 97031-1087
 541-386-1050

Pregnancy Hope Center
 2421 Washburn Way Ste. A
 Klamath Falls, OR 97603
 541-883-4357

Birthright
 1002 Spring Avenue
 La Grande, OR 97850
 541-963-6918

Next Step Pregnancy Information Center

Mother and Child Education Center
 1515 NE 41st Ave
 Portland, OR 97232-1807
 503-249-5801

Pregnancy Resource Center
 1626 NE 9th Ave
 Portland, OR 97232
 503-284-1977

Pregnancy Resource Center
 7931 NE Halsey Street Ste. 100
 Portland, OR 97213
 503-256-0808

Pregnancy Resource Center
 5117 SE Powell Ste 3
 Portland, OR 97206
 503-777-7097

Pregnancy Resource Center
 399 NW Deer St
 Prineville, OR 97754-1704
 541-447-2420

Pregnancy Resource Center
 465 NW Elm Ave. Suite 101
 Redmond, OR 97756
 541-504-8919

Hope Pregnancy Center
 1533 NE Vine St
 Roseburg, OR 97470
 541-672-2609

Birthright
 1880 Lancaster Dr NE Ste 102
 Salem, OR 97305-1069
 503-585-2273

Hope Pregnancy Clinic
 2630 Market St NE
 Salem, OR 97301-1669
 503-364-2543

Pregnancy Resource Center
 17270 SE Bluff Rd
 Sandy, OR 97055
 503-668-8101

Lane Pregnancy Support Center
 819 A Street
 Springfield, OR 97477
 541-744-3303

Columbia Pregnancy Center
 1510 St. Helens Street Ste. A
 St Helens, OR 97051
 503-397-6047

Sweet Home Pregnancy Care Center
 1344 Main Street Ste. C
 Sweet Home, OR 97386-1610
 541-367-2447

Tigard Pregnancy Resource Center
 11507 SW Pacific Hwy Ste. D
 Tigard, OR 97224
 503-643-4503

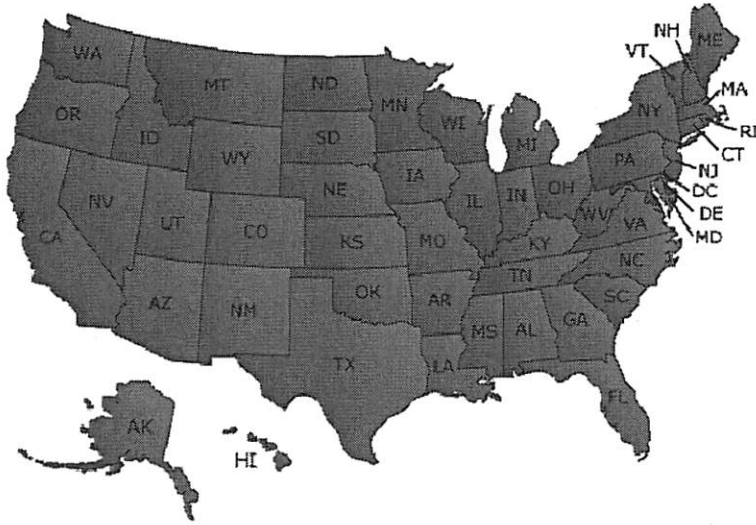
Pregnancy Care Center

1002 Spring Avenue Ste. 2
 La Grande, OR 97850-2518
 541-963-6918

967 N. Cascade Drive
 Woodburn, OR 97071
 971-983-2673

Pregnancy Alternatives Center
 136 W Vine St
 Lebanon, OR 97355
 541-258-3500

HELP IN YOUR AREA



- | | |
|---------------|----------------|
| Alabama | Nevada |
| Alaska | New Hampshire |
| Arizona | New Jersey |
| Arkansas | New Mexico |
| California | New York |
| Colorado | North Carolina |
| Connecticut | North Dakota |
| Delaware | Ohio |
| Florida | Oklahoma |
| Georgia | Oregon |
| Hawaii | Pennsylvania |
| Idaho | Rhode Island |
| Illinois | South Carolina |
| Indiana | South Dakota |
| Iowa | Tennessee |
| Kansas | Texas |
| Kentucky | Utah |
| Louisiana | Vermont |
| Maine | Virginia |
| Maryland | Washington |
| Massachusetts | Washington DC |
| Michigan | West Virginia |
| Minnesota | Wisconsin |
| Mississippi | Wyoming |
| Missouri | Canada |
| Montana | England |
| Nebraska | International |

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TRIP LINK

Program Guide

Reservations

503-315-5544

888-315-5544

Fax - 503-315-5514

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Introduction

TripLink provides non-emergent medical transportation to eligible Oregon Health Plan Plus (OHP Plus) clients traveling to covered medical services.

Non-emergent Medical Transportation is provided to OHP Plus clients like you who have no other way to get to their medical services.

Sometimes there may not be any provider that can provide a ride, so rides depend on a transportation provider being available. In order to ensure a ride is available for you, please call to schedule your ride as far in advance of your appointment as possible.

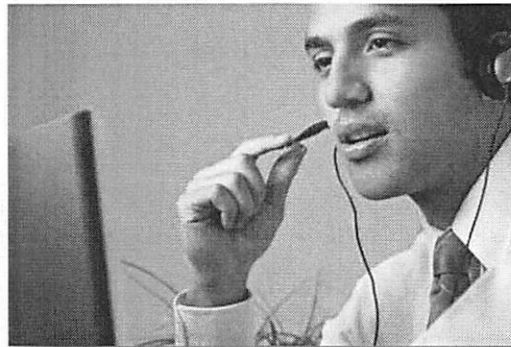
Client Eligibility

TripLink is responsible for verifying your eligibility prior to providing services. This includes determining if you are in a managed care plan. TripLink assumes full financial risk in serving a person who is not confirmed eligible by the Department of Human Services as eligible for the service provided on the date(s) of service. There is no cost to you for authorized transportation services.



Selecting a Medical Provider

To be eligible for Medical Transportation Program services, you need to choose a medical care provider in your local area when one is available. Local area means "in or nearest" the city or town you live in. If a provider is not available in your city or town, you can ask for a ride to the nearest location where the service can be found. You have the right to choose any medical care provider. However, if you choose a medical care provider outside of your local area, or not at the next nearest location where providers are available, you are responsible for your own ride; it is not a covered service.



Scheduling a Ride

You can call to schedule your rides Monday through Friday 6 a.m. to 7 p.m. You should call to schedule your ride at least 2 business days in advance if possible. To schedule a ride call TripLink at:

503-315-5544 (Voice)

888-315-5544 (Toll Free)

7-1-1 (Oregon Relay Service)

A customer service representative will verify your eligibility and will need the following information:

Your name

Your address

Your phone number

Physician/Facility name

Physician/Facility address

Physician/Facility phone number

Date of appointment

Time of appointment

Pick-up Time after appointment

Medical reason for appointment (to verify covered services)

Any special mobility needs (such as a wheelchair or service animal)

Any specific directions to your home or medical facility

If you are calling to schedule a ride for your minor child, the customer service representative will also need to know your child's personal information and who will be the adult attendant for your child (please see Children section on page 12).

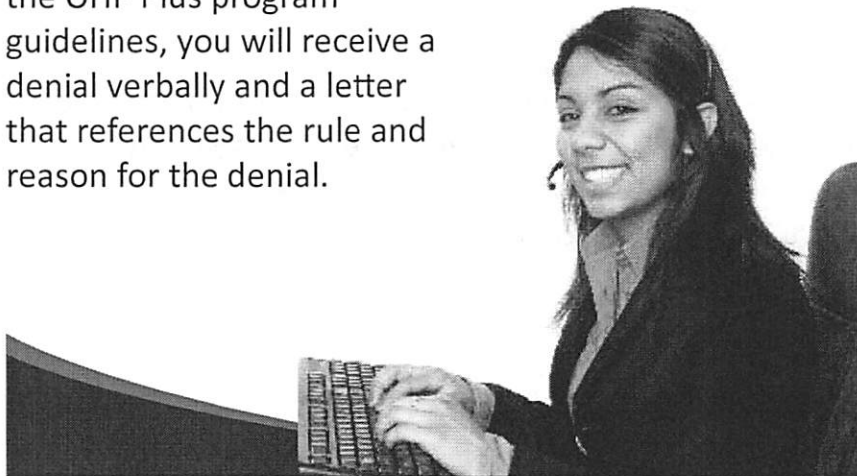
The customer service representative will verify that you are traveling to a covered OHP Plus service and have no other way to get to your appointment. The representative will then either authorize or deny the trip based on the information you provided.

Same-day rides will be scheduled after verifying with your doctor or medical office that you must be seen that day.

If you need to cancel a ride or change an appointment, you must call TripLink as soon as possible so the transportation provider can be notified. You can call to cancel rides from 6 a.m. to 7 p.m. Monday through Friday.

You should not call transportation providers directly other than for a return ride. Call TripLink if you have any questions or ride changes.

If you are denied transportation service based on the OHP Plus program guidelines, you will receive a denial verbally and a letter that references the rule and reason for the denial.



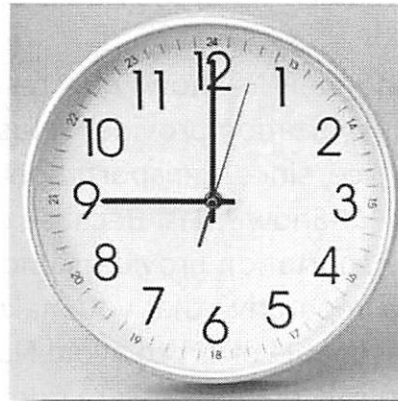
If you feel you have been denied non-emergent medical transportation services unfairly, you have the right to request a Fair Hearing. Fair Hearing information will be provided with your denial letter.

TripLink does not schedule ambulance transportation. If you have an emergency, call 911. For non-emergency ambulance services, you should contact your branch office.

When to Be Ready

You should be ready 15 minutes before your scheduled pickup time.

Transportation providers should arrive within 15 minutes after the scheduled pickup time or within 90 minutes after a call to request a return ride. If this does not happen, you should call 503-315-5544 or 888-315-5544.



You must call TripLink if you miss your scheduled ride. Do not call the transportation provider to reschedule a ride.

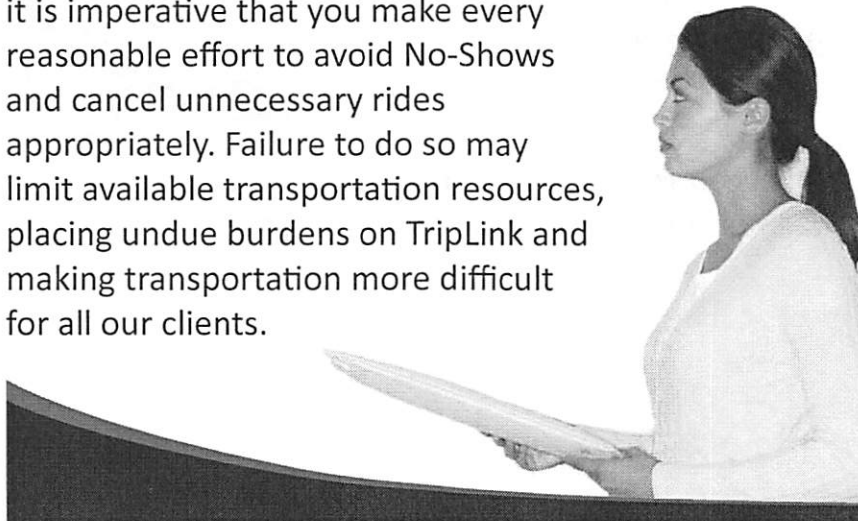
If you are not ready for your ride when the transportation provider arrives, the provider will wait 5 minutes. After 5 minutes, the provider will go to the next destination and your trip will need to be rescheduled.

Cancellation and No-Show Policy

When you need to cancel a ride or your appointment time changes, you must call TripLink as soon as possible. You can call to cancel rides Monday - Friday, 6 a.m. to 7 p.m.

When you are not ready at the pickup time and have not canceled the ride at least 2 hours in advance of the scheduled time, the ride is considered a No-Show.

Continual No-Shows may result in a specific transportation provider refusing to continue providing service, since transportation providers do not get paid for No-Show rides. Because of the limited number of transportation providers under contract with TripLink, it is imperative that you make every reasonable effort to avoid No-Shows and cancel unnecessary rides appropriately. Failure to do so may limit available transportation resources, placing undue burdens on TripLink and making transportation more difficult for all our clients.



If you continually No-Show, then TripLink may impose special conditions and reasonable restrictions on your future rides, including but not limited to: limiting the number of rides you can schedule at a time, limiting you to a specific provider, and requiring confirmation calls prior to each ride.

Service Hours

Non-Emergent Medical Transportation services may be provided 24 hours a day, 365 days a year. However, it may be difficult to arrange transportation that takes place after hours or on weekends or holidays, so please be sure to call as far ahead as possible during normal business hours to schedule rides that are necessary for these times.

TripLink's Call Center is open Monday through Friday, 6 a.m. to 7 p.m. except New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day.

Types of Non-Emergent Medical Transportation

Non-Emergent Medical Transportation is scheduled with the most appropriate and most cost-effective mode of transportation that meets your needs. Depending on your situation, this could be bus tickets, taxi cab, wheelchair van, stretcher van, or other types of transportation, as necessary.

Rides may be shared. Other Clients may be picked up or dropped off along the way.

When it is possible, you may be asked to try to schedule multiple appointments on the same day to avoid repeated trips.

Service Description

When authorized by TripLink, Non-Emergent Medical transportation providers may come to the door of the home or the main entrance of the medical facility to let you know they are ready to transport you.



Non-Emergent Medical Transportation providers may assist you into the main entrance lobbies of medical facilities, but will not assist you into medical rooms or other areas of the building. If you require further assistance, you will need to provide your own personal care attendant (please see Personal Care Attendant section).

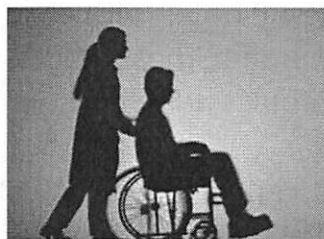
Non-Emergent Medical Transportation providers do not enter your room except for a hospital discharge or a stretcher car transport.

Non-Emergent Medical Transportation providers do not help you get ready for transport (feeding, dressing, etc.).

Non-Emergent Medical Transportation providers do not transfer you between bed and wheelchair, wheelchair and vehicle, etc.

Not all Non-Emergent Medical Transportation providers are able to help you up and down steps if you are in a wheelchair. If you use a wheelchair, please be sure to inform TripLink of any steps you may have to go up or down in order to ensure you are scheduled with an appropriate provider.

Non-Emergent Medical Transportation providers are prohibited from requesting or receiving fares or tips.



Personal Care Attendant

A personal care attendant must accompany you if you are unable to travel by yourself to your appointments. You are responsible for providing your own personal care attendant.

One personal care attendant can travel with you at no cost. Additional riders may have to pay a fare or a shared ride cost. TripLink only provides the transportation and is not responsible for wages, meals, or other costs associated with your personal care attendant.

Children

Children under age 12 must have one adult attendant with them at all times. The attendant may be the child's parent or legal guardian, an adult relative, an adult expressly identified in writing by the parent or legal guardian as an attendant, or a Department of Human Services employee or volunteer.

The adult attendant can go with the child at no cost.

Children age 12 and over do not require an adult attendant for transportation. However, one adult attendant may still travel with children under age 18 at no cost. Remember, most medical procedures for children under 18 require adult consent and supervision.

The adult attendant must provide and install car seats that are necessary under current statewide vehicle regulations.

Non-Emergent Medical Transportation providers do not provide or help clients to install or remove car seats.

Car seats may not be left with Non-Emergent Medical Transportation providers during the child's appointment because the same provider will not necessarily provide the return ride.



Wheelchair/Mobility Aids

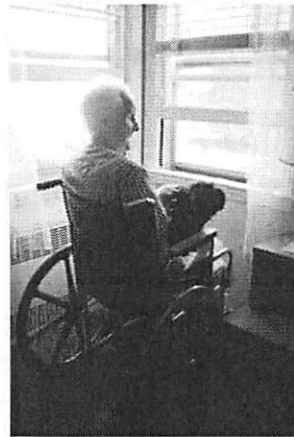
If you use a wheelchair, non-emergent medical transportation providers will assist you up and down curbs only if you ask.

If your wheelchair is oversized, you must tell TripLink so the right vehicle can be sent. An oversized wheelchair is bigger than 30 inches wide, 48 inches long, or more than 600 pounds when occupied.

If you use a scooter, you may be asked if you want to transfer into a vehicle seat for your own safety, but you are not required to do so.

Mobility aids such as walkers or canes need to be safely stowed in the vehicle once you have been seated. The non-emergent medical transportation provider will help you secure your equipment if necessary.

Portable oxygen tanks must be secured while being transported.



Service animals trained to assist persons with disabilities are permitted on all TripLink contracted vehicles. You must notify TripLink in advance if you need to bring a service animal on the ride.

Safety Belts / Seat Belts

You and all passengers are required to comply with all regulations regarding safety belt use. Passengers who require safety belt extensions must notify TripLink of this need when scheduling a ride. Passengers with the Oregon Department of Transportation safety belt exemption card must carry the card and show the card to the driver.

Passengers using wheelchairs must use the lap and shoulder belt.

Client Confidentiality

Discussing or providing client information, except for normal business purposes, is strictly prohibited.

Client Feedback

Concerns and compliments can be made by calling TripLink at:

503-315-5544 (Voice)

888-315-5544 (Toll Free)

7-1-1 (Oregon Relay Service)

You should always attempt to resolve concerns through TripLink directly. However, if TripLink is unable to resolve your concern, you are encouraged to contact the Oregon Health Authority Client Services unit in Salem by calling 1-800-273-0557.

Application for Services

What do I need to do to get benefits?

1. Pick up an application (DHS 0415F).

You can get an application by:

- Printing one from <https://apps.state.or.us/Forms/Served/de0415F.pdf>;
- Calling your local self-sufficiency office to have one mailed to you;
- Picking one up at your local self-sufficiency office; or
- For SNAP food benefits only, you may apply online by going to: <https://apps.state.or.us/connect>

To find the closest office, dial 211 or go online to: <http://egov.oregon.gov/DHS/localoffices/localoffices.pdf>.

2. Fill out the application.

- **Child care, Employment Related Day Care (ERDC):** For low income working families. More information can be found at the following website: <http://cms.oregon.gov/dhs/children/Pages/childcare/index.aspx>
To apply, fill out pages 1–4. Read pages 11–13 and sign page 13.
- **Food benefits, Supplemental Nutrition Assistance Program (SNAP):** Help to buy food. To apply, fill out pages 1–6. Read pages 10–13 and sign page 13. You can submit pages 1 and 2 to start the application process.
- **Medical assistance:** To apply for health coverage, go online to: coveroregon.com or call 1-855-CoverOR (1-855-268-3767 or 711 TTY) to request an application.
- **Cash assistance, Temporary Assistance for Needy Families (TANF):** For very low income families with dependent children, or who are in the late stages of pregnancy, or Refugee cash assistance: For refugees who are within their eight months in the United States. To apply for cash assistance, fill out the entire application.

3. Turn in the application. You can mail, fax or drop the application off at your local self-sufficiency office (*you can make a date-stamped copy for your records*).

4. Make an appointment for an interview with a caseworker. We may go over the application with you in an interview. It is important to make it to your interview. If you need to reschedule, please let us know.

What if I need food benefits right away?

We may be able to give you food benefits within seven days if you qualify.

To qualify, one of the following must be true:

- Your income is less than \$150 per month and your cash and bank accounts total less than \$100;
- The total of your monthly income, cash and money in the bank is less than your total housing and utility costs for a month; or
- You are a migrant or seasonal farm worker and have very little money.

You must be able to show proof of your identity.

What do I need to bring to the interview?

You may need to bring:

1. Your identification;
2. Proof of your income;
3. Social Security numbers for everyone in your household who wants benefits; and
4. Proof of your legal immigration status for those persons who want benefits.

Please let us know if you need help getting the information and we may be able to help you.

When will my benefits start if I qualify?

- *Cash benefits* start on the date we get all the information to determine that you qualify, including an interview.
- *Food benefits* usually start based on the date we get the application. The amount of your benefits is also based upon this date.
- *Child care benefits* start on the first day of the month in which the request is made if you qualify. However, the effective date for payment cannot be earlier than the date your provider of choice is in approved listing status with the Department of Human Services (DHS).

Social Security numbers (SSN) and citizenship.

If you are applying for someone else and not for yourself, we do not need your SSN or citizenship status. People who are not U.S. citizens may still qualify for certain benefits. If you do not have an SSN yourself, other family members who do have SSNs may still qualify. Page 11 tells why the Department of Human Services (DHS) collects each SSN and what each SSN is used for.

This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact your local office or 711 for TTY. For a list of local offices please see www.oregon.gov/DHS/localoffices/index.shtml.

Agency use only:	Case name:	Program:	Branch:	Case number:	Worker ID:	Receptionist ID:
	Expedited service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appointment date/time:	Date of request:		Filing date:	MA notice <input type="checkbox"/>

Please ask if you need help filling out this form.

Language I speak: _____

Let us know if you need:

An interpreter A sign language interpreter

Written materials translated (*what language*): _____

Materials in: Braille Large print Audio tape Computer disk Oral presentation

Tell us about you

Full name _____ (*last, first, middle initial*) Maiden _____ (*or other names used*)

-- -- --
 Social Security Phone number Message number

Home address _____ City _____ State _____ ZIP code _____

Mailing address (*if different*) _____ City _____ State _____ ZIP code _____

Email: _____

- I am applying for:
 - Child care Domestic violence help Food Cash for families
- Do you plan to stay in Oregon? Yes No
- Has anyone you are applying for received services from another state within the last 30 days?
 - Yes No **If yes, where?** _____ **Date last received:** _____
- Do you want to give permission to someone else to apply or get benefits for you? Yes No
- Do you usually buy food and eat with everyone you live with? Yes No

If no, who buys their food separately? _____

Do you have an immediate need?

- Please answer the following for you and anyone you are applying for:
 - Does anyone have income of \$150 or more a month? Yes No
 - Does anyone have \$100 or more in cash, checking or savings accounts? Yes No
 - Are your monthly rent and utility payments more than your monthly income, cash and money in your bank accounts? Yes No
 - Is anyone a migrant or seasonal farm worker? Yes No
 - If yes, does anyone have \$100 or more in cash, checking or savings?** Yes No
 - Will you get income of \$25 or more in the next 10 days?** Yes No
- Do you need a place to live? Yes No
- Do you have an eviction or foreclosure notice? Yes No
- Do you have or expect to get a utility shut-off notice? Yes No
- For cash benefits, would you like to talk with someone about concerns you have with your children? (*Such as acting out, school problems, medical needs or finding child care.*) Yes No
- Do you need to get away from an abusive or unsafe situation? Yes No
- Does your partner make you afraid by threatening, yelling or physically hurting you or your children? Yes No

1. Tell us about the people in your household

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name (last, first, middle initial)

Date of birth (mm/dd/yyyy)

Relationship (mother, son)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Self

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (City/state or country)

Full name (last, first, middle initial)

Date of birth (mm/dd/yyyy)

Relationship (mother, son)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability: Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (City/state or country)

If you need additional space, see the next page.

2. Is anyone in your household pregnant? Yes No

If yes, who? _____ Due date: _____

3. List anyone who wants benefits and is a high school, college, trade or vocational student.

	Student 1	Student 2
Name of student:		
Name of school/training program:		
Type of student:	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate
Credits:		
Student last term, this term or both?	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both
Apply for or get financial aid?	<input type="checkbox"/> Apply <input type="checkbox"/> Getting	<input type="checkbox"/> Apply <input type="checkbox"/> Getting

4. _____ Date _____
 Full legal signature of applicant

To complete your application for food benefits, fill in pages 3-6.

Additional space for other people living with you

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name *(last, first, middle initial)*

Date of birth *(mm/dd/yyyy)* Relationship *(mother, son)*

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

Full name *(last, first, middle initial)*

Date of birth *(mm/dd/yyyy)* Relationship *(mother, son)*

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

Full name *(last, first, middle initial)*

Date of birth *(mm/dd/yyyy)* Relationship *(mother, son)*

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

* If you need additional space, see the back of this sheet.

Additional space for other people living with you

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) _____
Relationship (*mother, son*)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (*City/state or country*)

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) _____
Relationship (*mother, son*)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (*City/state or country*)

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) _____
Relationship (*mother, son*)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No
 If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (*City/state or country*)

* If you need additional space, please make copies or ask for the DHS 0415X.

Agency use only	Program:	Branch:	Case number:	Case name:	Worker ID:
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Tell us about your household's income.

Please answer the following for you and anyone you are applying for.

1. Does **anyone** have or expect to get any money? Yes No

If yes, please answer questions 2 and 3. **We will need proof of income for the last 30 days.**

2. **Money from work.** Please tell us about wages, salaries and commissions for this month from jobs and self employment.

- a. Self-employment means you are being paid for doing work, but you don't have a regular employer other than yourself who gives you a paycheck and takes out taxes. Perhaps you have your own company with a separate bank account, or perhaps you do odd jobs for people who pay you in cash.

We need to know about money that has already been paid or that will be paid this month to anyone in your home who is related to you or your children. Use **gross** income (*totals before taxes and deductions*).

- Does **anyone** in your home get money for working? Yes No

If yes, please fill out this page.

Earned income	Job 1	Job 2	Job 3
Person working:			
Employer's name:			
Employer's phone:			
Hourly pay:	\$	\$	\$
Hours (<i>per week</i>):			
How often paid (<i>weekly, monthly</i>):			
Is income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any costs associated with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income this month:	\$	\$	\$
Income last month:	\$	\$	\$
*If any income has recently changed or will be changing, please let us know why:			
New amount:	\$	\$	\$
Date of the change:			

- b. Has anyone lost a job or quit a job within the last 30 days? Yes No

If yes, who? _____ Date of last day worked: _____

Reason for job loss? _____

Date of last pay: _____

3. Please list any unearned income.

Does **anyone** in your home get money from places other than work? Yes No

If yes, tell us about this month's income for anyone in your home who is related to you or your children (*including expected children*).

► You must send proof. Tell us about money, including:

- Loans repaid to you
- Cash assistance
- Retirement pension
- Supplemental Security Income (SSI)
- Educational income (*such as financial aid*)
- Disability benefits
- Child or spousal support
- Guardian or foster care payments
- Social Security benefits
- Veterans benefits
- Other: _____
- Dividends or interest on investments
- Worker's compensation
- Tribal payments
- Unemployment compensation
- Rent paid to you

Unearned income	1	2	3
Person receiving the money:			
Source/type:			
Expected to continue:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount received:	\$ _____	\$ _____	\$ _____
How often received (<i>weekly, monthly</i>):			
Unearned income this month:	\$ _____	\$ _____	\$ _____
Unearned income last month:	\$ _____	\$ _____	\$ _____

Tell us about your household's expenses

Dependent care expenses

1. Does anyone pay for child care or care for an adult with a disability? Yes No

If yes, who pays? _____ \$ _____ a month.

2. If you get child care benefits, do you pay for child care costs in addition to your copay? Yes No

If yes, enter monthly amount. \$ _____ a month.

3. If applying for child care needs, please list information about your work schedule and care providers.

Parent 1:

Usual work hours: From _____ a.m. / p.m. To _____ a.m. / p.m.
 Usual work days: Mon. Tue. Wed. Thu. Fri. Sat. Sun.
 Other schedule (*describe*): _____

Parent 2 if in household or additional employment:

Usual work hours: From _____ a.m. / p.m. To _____ a.m. / p.m.
 Usual work days: Mon. Tue. Wed. Thu. Fri. Sat. Sun.
 Other schedule (*describe*): _____

Care provider: _____ Phone number: [][]-[][]-[][][][]

Second provider: _____ Phone number: [][]-[][]-[][][][]

DHS will not pay for any child care provided before DHS approves the provider. If you need help choosing a provider, contact your local Child Care Resource & Referral (CCR&R). You can find your local CCR&R agency at www.oregonccrr.com or by calling 1-800-342-6712.

4. For child care needs, are your children's immunization (*shot*) records up-to-date? Yes No

If no, contact your doctor or local health department for more information. You must agree to meet state immunization guidelines to get child care benefits.

**If you are applying for child care only, please skip to page 11,
read pages 11–13 and sign page 13.
To apply for food and cash please continue.**

Housing expenses

5. Do you or anyone in your household pay for housing? Yes No

If yes, please complete below.

Rent Mortgage What is the total rent/mortgage? _____

How much do you pay of the total amount? \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Fire/hazard insurance, if separate: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Property tax, if separate: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Person or company you pay rent/mortgage to: _____		May we contact this person/company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, their phone: _____-_____-____

6. Do you expect to pay the same amount for housing next month? Yes No

7. Do you get help to pay for housing? Yes No

If yes, please complete below.

Who pays	Paid to	Amount paid
		\$
		\$

8. If you have reported that you have no income, how are you paying your housing expenses?

Utility expenses

9. Do you pay to heat/cool your home? Yes No

a) Is the heat/cool expense included in the rent/mortgage? Yes No

10. What other kind of utilities do you pay?
 Water/sewer Garbage Electric Gas Phone Other: _____

Court-ordered child support expenses

11. Does anyone in your home pay court-ordered child support to someone outside your home? Yes No

If yes, please complete below.

Person who pays support	For which child	Amount paid
		\$

Medical expenses

12. Is anyone you are applying for 60 or older or a person with a SSI/SSD disability? Yes No

If yes, list any out-of-pocket medical expenses, including medical insurance expenses.

Person with the out-of-pocket expenses	Amount paid
	\$ _____ a month

Tell us about your household's resources

1. Do you, or anyone you are applying for own or have their name on any of the following?

a) Checking, savings, credit union accounts, IRA, 401K. Yes No

b) Stocks, bonds, money market accounts, CDs, trust funds. Yes No

c) Cash on hand or other: _____ Yes No

If yes to any of the above, please complete below.

Type	Name/location of bank	Current balance/value	Belongs to

2. Is anyone buying, or an owner of, real estate, land or buildings you are not living on? Yes No

3. Does anyone have any items of value? (Examples: car, truck, boat, etc.) Yes No

**If you are applying for food and child care benefits only,
skip to page 10. Read pages 10–13 and sign page 13.
To apply for cash please continue.**

4. Have you or a member of your family been injured in an accident that you are making a claim for money? Yes No

If yes, please complete form MSC 0451, *Vehicle Related Personal Injury* or *MSC 0451NV, Non-Vehicle Related Personal Injury*.

Tell us about your time on TANF

1. Oregon has a 60 month time limit for Temporary Assistance for Needy Families (TANF). Months you received TANF in another state or from a Tribal TANF program may be counted towards the Oregon Time Limit.

Did you or anyone you are applying for get TANF in another state or from a Tribal TANF program since 1996? Yes No

If yes, please complete below.

Person	State or Tribe	Months on TANF

Agency use only	<input type="checkbox"/> FUA	<input type="checkbox"/> LUA	<input type="checkbox"/> IUA	<input type="checkbox"/> TUA	<input type="checkbox"/> COS
-----------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

Tell us about any parents not living in your household

Important – By applying for services, you are letting us establish paternity (*legally name the child's father*) and pursue child support from parents not living in your household unless you think this parent might harm you or the child.

1. If anyone in your household is pregnant, is the father living in the house? Yes No
2. Do any of the children's parents live outside the child's home? Yes No

If yes, please list parent(s) even if the child has not been born yet. Also, list your parents if you are under 18 and not living with them. **Please give as much information as possible.**

a) Absent parent 1

Name (<i>first, middle initial, last</i>):		This is my: <input type="checkbox"/> spouse or ex-spouse <input type="checkbox"/> child <input type="checkbox"/> partner or ex-partner <input type="checkbox"/> step child <input type="checkbox"/> other: _____		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth: (<i>month, day, year</i>): _____ Social Security number (<i>if you know it</i>): _____-_____-_____-_____			
Address: _____		City: _____	State: _____	ZIP code: _____
Phone: _____-_____-_____-_____		Date this parent stopped living with child (<i>month, day, year</i>): _____		
Number of hours each week this parent spends with the child(ren): How many of these hours are spent in the child(ren)'s home:		List this parent's child(ren) whom you have written about on this application.		
If this is an absent father, has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
Do you think this parent might hurt you or the child if we try to find out about paternity or health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				

b) Absent parent 2

Name (<i>first, middle initial, last</i>):		This is my: <input type="checkbox"/> spouse or ex-spouse <input type="checkbox"/> child <input type="checkbox"/> partner or ex-partner <input type="checkbox"/> step child <input type="checkbox"/> other: _____		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth: (<i>month, day, year</i>): _____ Social Security number (<i>if you know it</i>): _____-_____-_____-_____			
Address: _____		City: _____	State: _____	ZIP code: _____
Phone: _____-_____-_____-_____		Date this parent stopped living with child (<i>month, day, year</i>): _____		
Number of hours each week this parent spends with the child(ren): How many of these hours are spent in the child(ren)'s home:		List this parent's child(ren) whom you have written about on this application.		
If this is an absent father, has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				
Do you think this parent might hurt you or the child if we try to find out about paternity or health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Please make copies of this page for additional parents.

Tell us about your household's disabilities

1. Does anyone you are applying for have a disability that will last more than 12 months?
 Yes No, If yes, who? _____
2. Has anyone in your home applied or considered applying for disability benefits through the Social Security Administration? Yes No
If yes, was the application: Approved Denied Pending

Tell us about your tribal membership

1. Is anyone you are applying for a member of a federally recognized tribe? Yes No,
If yes, complete below.

Person	Tribe

Information about cash benefits

Cash benefits is also known as Temporary Assistance for Needy Families (TANF) or refugee cash assistance. Cash assistance is intended to meet a family's basic needs such as food, clothing, shelter and utilities.

Most cash benefits in Oregon are issued via an Electronic Benefit Transfer (EBT) card. This is also known as an Oregon Trail Card. Cash assistance benefits may not be used in an EBT transaction or accessed in an EBT transaction in any:

- Liquor store;
- Casino, gambling casino or gaming establishment;
- Retail business that provides adult entertainment in which performers disrobe or perform in an unclothed state.

If you are applying for cash for families

"Assigning" payments and the state's right to place a lien on any injury claims

To qualify for assistance, you must let the Department of Human Services (DHS) have money you or other members of your family, including any child born in the future, receive or have the right to receive from:

- Other people, businesses or other sources who are or may be liable to cover costs related to an injury, such as a car accident.

There is a limit on how much DHS can take. It cannot take more than the amount it has paid in cash benefits for you and your family.

By signing this form, you agree to help DHS find and obtain these payments. If you or a family member receiving benefits is in an accident or injured by another person or business you must tell DHS within 10 days. The state may place a lien on money from such claims.

If you are applying for cash for families:

What you need to know about “assigning support”

“Support” means money you get for you or your children, like alimony or child support.

When you get cash benefits, you are “assigning” the state the right to keep the support you or anyone in your family get from another person. The money goes to repay the state for the cash you get.

NOTE: This does not apply during any period of time that you receive cash benefits from JOBS Plus, the State Family Pre-SSI/SSDI Program (SFPSS), the Post-TANF Program or when you are a two-parent family.

This means that while you are getting cash benefits:

The state will keep part of the support payments (*for both current and past-due payments*) received for you and members of your family. The state will not keep all your child support. The state will send you \$50 of current child support received per child per month up to \$200 per family per month. The state will not count this money as income when figuring your eligibility and benefits.

NOTE: If you are an applicant for cash assistance and you are in SFPSS or JOBS Plus, or you are a two-parent family, the state will generally not keep any of your child support. When determining your eligibility and benefits, \$50 (*per child per month up to \$200 per family per month*) of current child support received will not be counted towards your monthly income.

When you leave the cash program:

- Current support payments will go to you;
- Any past-due payments for months you were on cash assistance will be kept by the state;
- Any past-due payments for months you were not on cash assistance may go to you.

Working with Child Support

While you are getting cash benefits, you will need to work with the state’s Child Support Program.

Important: You do not have to work with child support if you think it would mean danger for you or your children.

Working with child support can mean:

- Helping to locate your child’s other parent (*unless you think it would mean danger for you or your children*);
- Legally naming the child’s father (*establishing paternity*);
- Getting a support order.

Information about TANF program penalties

If you knowingly do the following to get Temporary Assistance for Needy Families (TANF) you will get a penalty:

- Give false information about yourself or someone you are applying for;
- Hide information about yourself or someone you are applying for;
- Give false information about where you live.

The first time you do any of these things you will not get TANF for 12 months. The second time you will not get TANF for 24 months. The third time you will not be able to get TANF at all. You will also have to pay back all the TANF you were not supposed to get. Your food benefits will not go up even though you get less in TANF if you told us something that was not true or did not tell us something that was true.

Information about Supplemental Nutrition Assistance Program (SNAP) penalties

If you do the following...	You will lose food benefits...
<ul style="list-style-type: none"> • Hide information or make false statements; • Use Electronic Benefits Transfer (EBT) cards that belong to someone else; • Use food benefits to buy alcohol or tobacco; • Trade or sell benefits or EBT cards; • Dump containers only for the cash redemption value; • Resell food bought with food benefits for cash. 	<ul style="list-style-type: none"> • 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense.
<ul style="list-style-type: none"> • Trade food benefits for controlled substances such as drugs. 	<ul style="list-style-type: none"> • 24 months for the first offense; • Permanently for the second offense.
<ul style="list-style-type: none"> • Trade food benefits for firearms, ammunition or explosives. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Trade, buy or sell food benefits of \$500 or more. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Give false information about who you are and where you live so you can get extra food benefits. 	<ul style="list-style-type: none"> • 10 years for each offense.
<p>You can also be fined up to \$250,000 or put in prison for up to 20 years or both, for doing these things. You may also be charged under other federal laws.</p>	
If you knowingly do the following...	You may be...
<ul style="list-style-type: none"> • Use EBT cards that are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards that are not yours. 	<ul style="list-style-type: none"> • Guilty of a felony or misdemeanor; • Fined; • Put in prison; • Ineligible for food benefits for a period of time.

Information about all programs

Our non discrimination policy

The Department of Human Services (DHS) does not discriminate against anyone. This means that DHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs¹, disability or sexual orientation².

You may file a complaint if you believe DHS treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Fax: 503-378-6532
Email: DHS.info@state.or.us

"Equal opportunity is the law!"

The United States Department of Agriculture (USDA) and the United States Health and Human Services (HHS) are equal opportunity providers and employers. Auxiliary aids and services are available upon request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the "*Client Discrimination Complaint Information*" form (DHS 9001). You can find this form in the "*Information and Referral Packet*" (DHS 6609).

Why we need your Social Security number

Social Security numbers (SSN) – Federal laws (42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b)) and DHS rule (OAR 461-120-0210) require anyone applying for cash or food benefits to give DHS their SSN. If you provide an SSN, it can speed up the application process. If someone doesn't have an SSN, visit www.ssa.gov.

- a. DHS will use your SSN to help decide if you are eligible for benefits. Your SSN will be used to verify your income, other assets and to match with other state and federal records such as IRS, Medicaid, child support, Social Security, Unemployment benefits and other public assistance programs.
- b. DHS may use your SSN to prepare aggregate information or reports requested by funding sources for the program you apply for or receive benefits from.
- c. DHS may use or disclose your SSN:
 - If it is needed to operate the program you apply for or receive benefits from;
 - To conduct quality assessment and improvement activities;
 - To verify the correct amount of payments and recover overpaid benefits;
 - To make sure nobody gets benefits in more than one household.

¹SNAP clients are protected against political belief discrimination.

²Sexual orientation is protected by the State of Oregon, but not federal laws.

Information about your rights and responsibilities

By signing below I agree that:

- I have given DHS true, correct and complete information;
- I understand that making false statements or hiding information may mean state and federal penalties, as well as having to repay any overpayment (*this includes authorized representatives for cash benefits*);
- DHS can review my case. This could include coming to my home;
- I declare I am a resident of Oregon;
- I will report changes in information I give DHS when DHS requires me to;
- I have given true citizenship information about myself and the others I am applying for;
- I know that DHS will check the immigration status of people who apply for or get benefits. I know the information DHS gets from the United States Citizenship and Immigration Service (USCIS) could affect who gets benefits. DHS will not contact USCIS for anyone *not* seeking benefits;
- I authorize release of my child support records from the Department of Justice (DOJ), Division of Child Support (DCS) to DHS;
- The adults under age 60 on this form who apply for food benefits (SNAP) will register for the state's employment program. If I add people to the program in the future, they will also register;
- If I do not give DHS the Social Security number for someone who wants benefits, that person may not be able to get them;
- DHS will not use costs for shelter, medical, child care and court ordered child support to figure my benefits if I do not report them;
- DHS may use computers to check all the information on this form. This includes matching with bank, income and unemployment-benefit records;
- I understand that DHS may use or disclose my SSN and the SSN of each person I apply for, for the purposes listed on page 11;
- DHS may give the information on this application to:
 - Federal and state agencies who are doing reviews;
 - Law-enforcement officials, to help them arrest someone who is fleeing from the law;
 - Federal and state agencies and private collection agencies, if I have to repay benefits to DHS.
- DHS may use this information to administer other public assistance programs that I receive from DHS.
- I understand DHS may monitor where I use TANF cash benefits through my Oregon Trail Card or withdraw TANF cash benefits using my Oregon Trail Card. I also understand that I may not use my Oregon Trail Card to spend TANF cash benefits or withdraw TANF cash benefits at any:
 - Liquor store;
 - Casino, gambling casino or gaming establishment;
 - Retail business that provides adult entertainment in which performers disrobe or perform in an unclothed state.

Please continue to page 13, read and sign.

- I understand the person who signs this form must repay benefits to DHS when there is an overpayment in my case. Other individuals that are required to apply with me and an authorized representative could also be liable for overpayments.
- **People applying for cash benefits** — I am giving the state the right to keep support payments, as explained on page 9. I understand I do not have to work with the child support program if it would mean danger for me or my children.
- **People applying for cash and food benefits** — I understand I cannot get food benefits from the Tribal Food Distribution program and the SNAP program at the same time. I also cannot get Tribal TANF from a tribe and TANF cash benefits from DHS at the same time.
 - I state under penalty for making a false statement that the statements made about persons in my home, including statements about citizenship, income, resources, property and all other information I have given DHS and their contractors are true and correct.
 - I will give proof of the information I have given DHS. I will also let DHS contact other people and agencies to get proof.

Declaration and signature

I have read and understand my rights and responsibilities as explained above and in the DHS 0415R form, and I have a copy of the form.

_____ Date _____
 Full legal signature of applicant/authorized representative

_____ Date _____
 Full legal signature of other parent, spouse or other adult

_____ Date _____
 Staff witness signature

What is the best way for us to contact you?

- Phone: _____
- Email: _____
- Other: _____

What days and times are best for us to contact you? _____

Voter registration

If you are not registered to vote where you live now, would you like to apply to vote today?

Yes No

Applying to register to vote or declining to register will not affect the amount of assistance you will be provided by this agency.