

Consumer Care Partnerships Request Form

Date:

Name of Member requesting support:	DOB:
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Phone / Message:	OHP Number:
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Address:

Referring Provider (If Any):	Phone:
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Contact Name:

Why do you feel this Member would benefit from a team?

What do you see as this Individual's strengths?

Are you able to participate on the team if asked?	Yes	No
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Return Completed Request Form to:
Community & Provider Services, 2421 Lancaster Dr. NE, Salem, OR 97301
Rebecca Eichhorn, MS
Consumer Affairs Specialist
Phone: (503) 566-2991 Fax: (503) 361-2782