Marion County
OREGON
Health & Human Services

Housing and Residential Programs

Tenant Education Registration Form

Date:_____
Medicaid/OHP#:_____

Name:	**DOB:**	**Pronouns:** Choose
Phone:	**Preferred Contact Method:** Choose	**Email:**
Address:	**City:**	**State/Zip Code:**
Preferred Language:	**Do you need an interpreter:** ☐ **Yes** ☐ **No**	
Household Size: Choose	**Employment Status:**	**Income:**
Do you need housing navigation services? ☐ **Yes** ☐ **No**	**Food Allergies:** tr (if none, put "N/A")	

1. **Do you meet criteria for having a serious, or serious and persistent mental illness?** ☐ **Yes** ☐ **No**
   What is your diagnosis: _____
2. **Do you meet criteria for having a substance use disorder?** ☐ **Yes** ☐ **No**
   What is your diagnosis: _____
3. **Do you meet criteria for having an intellectual and/or developmental disability?** ☐ **Yes** ☐ **No**
   What is your diagnosis: _____
4. **Are you:** ☐ **Unsheltered** ☐ **Homeless (living in car or outside, couch surfing, etc)**
   ☐ **At risk of losing housing (Pending Eviction)**
   Please explain: _____
   _____
5. **Do you need any accommodation or support to complete this class?**
   Please explain: _____
   _____

Submit Form

If you have questions, please click here to send us an email