## Consumer Care Partnerships Request Form

Date:

Name of Member requesting support:			DOB:	
Phone / Message:	OHP Number:		1	
Address:	<u> </u>			
Referring Provider (If Any):		Phone:		
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	
Return Completed Request Form to:				
Community & Provider Services, 2421 Lancaster Dr. NE, Salem, OR 97301				
Rebecca Eichhorn, MS Consumer Affairs Specialist				
Consumer Arrans specialist				

Phone: (503) 566-2991 Fax: (503) 361-2782