

Instructions: Complete sections 1-7. Submit this form and attachments to the ODDS Host Homes via secure email to: Host.Homes@dhsosha.state.or.us

Section 1. Child's information

Child's last name: _____ First name: _____

Mother's maiden name: _____ Child's date of birth: ____ / ____ / ____

Birthplace: _____ Child welfare (CW) case number: _____

Prime number: _____ Social Security number: ____ - ____ - ____

Home county: _____ County of residence: _____

Developmental disability (DD) County eligibility statement is attached.

Also, attach [SSA 827](#) for children 12 and older.

Child is coming from: Child Welfare (CW) Oregon Youth Authority (OYA) Home

24-hour residence Other: _____

Section 2. Custody status and required documentation

- CW custody **and** court order attached; **or**
- OYA custody **and** court order attached; **or**
- Voluntary* placement **and** signed child placement agreement ([DHS 0032](#)) attached.

***Submit voluntary placement paperwork no earlier than the entry date.**

Section 3. Financial assistance information

Adoption assistance (AA) subsidy: Yes No If yes, monthly AA amount: \$ _____

Guardianship assistance (GA) subsidy: Yes No If yes, monthly GA amount: \$ _____

Child support: Yes No If yes, monthly child support amount: \$ _____

Section 4. Service information

Host Home entry date: ____ / ____ / ____

Section 5. Host Home provider's information

Agency name: _____

Agency address: _____

Street address _____ City _____ State _____ ZIP _____

Agency email: _____

Host Home name: _____

Host Home address: _____

Street address _____ City _____ State _____ ZIP _____

Home phone: _____ Cell phone: _____ Email: _____

Section 6. Guardian information

Guardian name: _____ Relationship to child: _____

Physical address: _____

Street address _____ City _____ State _____ ZIP _____

Home phone: _____ Cell phone: _____

Section 7. Services coordinator information

Services coordinator name: _____

County: _____ Phone: _____ Email: _____