

Taariikhda: _____

Magaca shaqsiga: _____ Taariikhda dhalashada: _____

Cinwaanka shaqsiga: _____

Magaca wakiilka (ikhtiyaari): _____

Lambarka telefoonka ee cidda lala xiriirayo: _____

Iimaylka cidda lala xiriirayo (ikhtiyaari): _____

Barnaamijyada naafonimada korriinka ee bulshada (CDDP) ama dallaalka:

Magaca isu-duwaha adeegga ama wakiilka gaarka ah: _____

Qeex codsigaaga (ku lifaaq bogag iyo dokumeentiyo dheeraad ah haddii loo baahdo):

Ugu dir iimayl ahaan foomka aad buuxisay iimaylka odds.fundingreview@odhsoha.oregon.gov ama boostada ku soo dir:

ODHS-ODDS

Ku Socoto: Isu-duwaha Ka-dhaafitaanada

500 Summer St. NE #E09

Salem, OR 97301.

Dukumintigaan waxaad ku heli kartaa luuqado kale, daabacaad balaaran, farta indhoolaha ama qaabka aad doorbidaysid. Kala Xiriir Xafiiska Adeegyada Naafonimada Korriintaanka (ODDS) iimaylka odds.questions@odhsoha.oregon.gov ama 503-945-5811 (wicitaan). Waxaan aqbalnaa dhammaan wicitaanada dadka maqalka ku adag yahay.