

Community Based Organization (CBO) Consent for COVID-19 Wraparound Assistance

| Community Based Organization (CBO) information | | |
|---|-----------------|--------------------------|
| CBO name: | CBO staff name: | |
| | | |
| Person requesting services information | | |
| Name (first, middle, last): | Date of birth: | Phone number: |
| Address: | | Date services requested: |
| | | |
| Known COVID-19 case information | | |
| <i>Please complete as much information as you are able about the person who is known to have exposed applicant to COVID-19.</i> | | |
| Name (first, middle, last): | Date of birth: | Phone number: |
| Address: | | County of residence: |
| | | |

PERSON REQUESTING SERVICES: I agree to let the Community Based Organization (CBO) and staff person listed above see and use my personal information to help me receive short-term wraparound supports during my COVID-19 isolation and quarantine period. I agree to let the CBO listed above share my information with the Local Public Health Department (LPHA) in this county. The CBO and LPHA are required to protect and keep any signed information private.

Signature

Date

| For CBO/LPHA administrative use: | |
|----------------------------------|-------|
| CBO approval: | Date: |
| LPHA approval: | Date: |
| CBO denial: | Date: |
| LPHA denial: | Date: |

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.