



ALERT IIS  
 800 NE Oregon Street, Suite 370  
 Portland, Oregon 97232  
 Telefoon: (800)980-9431  
 Faakiska: (971)673-0276  
 Web: www.alertiis.org  
 U dir limayl alertiis@state.or.us

## Foomka Codsiga ee Diiwaanka Qofka Weyn

Nidaamka Macluumaadka Tallaalka ee ALERT (IIS) waa diiwaangelinta gobolka oo dhan oo diiwaangelisa tallaallada laga bixiyo Oregon, ee ay bixiyaan bixiyayaasha dadweynaha ama kuwa gaarka loo leeyahay. ALERT IIS waxay caawisaa waalidiinta, bixiyayaasha daryeelka caafimaadka, iskuulada iyo isticmaalayaasha kale ee idman sida hoos lagu qeexay si loo ogaado heerka talaalka shaqsi.

Sharciga Gobolka<sup>1</sup> iyo Xeerarka Maamulka Oregon<sup>2</sup> ayaa daboolaya aruurinta iyo sii deynta macluumaadka ALERT IIS. Sharci ahaan, macluumaadka waa qarsoodi waxaana lala wadaagi karaa oo keliya isticmaalayaasha idman, oo ay ku jiraan daryeelaha caafimaadka shaqsiga, iskuulka, xarunta daryeelka carruurta, caymiska, waaxda caafimaadka deegaanka, shaqsiyaadka laftooda ama waalidka haddii qokuf yar yahay.

Marka shaqsiga uu gaaro 18 sano, qofkaas waalidkiis mar dambe ma codsan karaan diiwaanka, laakiin qofka qaangaarka ah ee sharciga ah ayaa codsan kara macluumaadka si toos ah Haddii aad jeclaan lahayd nuqul ah diiwaankaaga tallaalka, fadlan buuxi macluumaadka socda ee **loo baahan yahay**:

Magaca koowaad: \_\_\_\_\_ Dhexe: \_\_\_\_\_ Dambe: \_\_\_\_\_  
 Cinwaanka: \_\_\_\_\_ Magaalada. Gobolka, ZIP: \_\_\_\_\_  
 Taariikhda Dhalashada: \_\_\_\_\_ Goobta dhalashada: \_\_\_\_\_ Jinsiga:  Dumar  Rag

Waan fahamsanahay inaan ka codsan karo diiwaanka tallaalkayga ee ALERT IIS illaa afar (4) jeer gudahood hal sano oo kalandar ah si lacag la'aan ah. Nuqullada dheeraadka ah ee diiwaanka tallaalkayga waxaa lagu bixin karaa iyadoo lagu salaynayo lacag macquul ah oo uu dejiyay agaasimaha ALERT IIS.

Fadlan u soo dir diiwaanka mid ka mid ah isticmaaleyaasha soo socda ee idman:

Bixiyaha Daryeelka Caafimaadka  Iskuulka  
 Qaataha/feejignaan siinta: \_\_\_\_\_ Magaca ururkaa \_\_\_\_\_  
 Lambarka FAKIS: \_\_\_\_\_ Lambarka telefoonka: \_\_\_\_\_

### AMA

Diiwaanka iigu soo dir cinwaanka kor ku xusan  FAKIS iigu soo dir diiwaanka halkan: \_\_\_\_\_

Saxeexidda heshiiskan, waxaan xaqiijinayaa in macluumaadka kor ku xusan uu run yahay oo saxan yahay.

Magaca daabacaada: \_\_\_\_\_ Lambarka telefoonka: \_\_\_\_\_

Saxeexa: \_\_\_\_\_ Taariikhda: \_\_\_\_\_

<sup>1</sup>ORS 433.090 to ORS 433.102

<sup>2</sup>OAR 333-049-0100 to OAR 333-049-0130Adult Record Request: 6-2010



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### Loogu talagalay keliya isticmaalka xafiiska

Taariikhda la helay: _____	<input type="checkbox"/> Diiwaanka la helay, Taariikhda la diray: _____	Magacyada: _____
<input type="checkbox"/> Diiwaanka aan la dirin Sababta: _____		Magacyada: _____

Dadka naafada ah ama shaqsiyaadka ku hadla luuqad aan ahayn Ingiriis, OHA ayaa bixin karta xogta oo lagu heli karo qaabab kale sida ayadoo turjuman, far waawayn ku qoran, ama farta indhoolka ku qoran. La xidhiidh Xarunta Macluumaadka Caafimaadka lambarka 800-980-9431, 711 TTY ama [alertiis@dhs.ohio.gov](mailto:alertiis@dhs.ohio.gov)

<sup>1</sup>ORS 433.090 to ORS 433.102

<sup>2</sup>OAR 333-049-0100 to OAR 333-049-0130Adult Record Request: 6-2010