

How to apply

This brochure does not list all requirements of the GA program. For more information about GA, or to apply for GA, contact the Collaborative Disability Determination Unit (CDDU).

Call: **1-866-535-8431**

Or email: **dbl.referral@odhs.oregon.gov**

This brochure is produced by the ODHS Aging and People with Disabilities program. You can get this document in other languages, large print, braille or a format you prefer. Contact CDDU at 1-866-535-8431.



Aging and People with Disabilities Collaborative Disability Determination Unit

3420 Cherry Ave NE, Suite 140
Salem, OR 97303

Phone: **1-866-535-8431**

Fax: **503-390-1460**

Email: **dbl.referral@odhs.oregon.gov**

The Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Collaborative Disability Determination Unit at dbl.referral@odhs.oregon.gov or 1-866-535-8431 (voice/text). We accept all relay calls.

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The General Assistance Program



Are you homeless or at risk of being homeless?

Do you have a disability that has lasted or will last 12 months, and keeps you from working?

If you answered yes to both questions, you may be able to get help from the General Assistance (GA) program.

The GA Program helps with:

- Cash
- Utilities
- Housing
- Social Security disability application and appeals process
- Finding an attorney



Other benefits you may be able to get:

- Medical coverage
- Supplemental Nutrition Assistance Program (SNAP) benefits



We can help you complete all the forms and paperwork to file a Social Security disability claim. We can also help you if you need to appeal a Social Security denial.

GA Referral Form

To find out about the GA program, submit this form to your Oregon Department of Human Services (ODHS) worker or to a ODHS office near you.

Date: _____

Name: _____

Date of Birth: _____

Phone Number: _____

Mailing Address: _____

Referral Source: _____

Emergency Contact Name: _____

Phone Number: _____

Please check all that apply:

- I think my disability will last 12 months or more.
- My disability keeps me from working.
- I am homeless or at risk of being homeless.
- I do not have minor children living with me.

The following information is for both clients and ODHS staff:

You may take a picture of this form or scan it and email it to us. Email:

dbl.referral@odhs.oregon.gov