

Application Summary

This letter gives you a summary of the changes you reported

This Application was filled by NANCY HERRING (COMMUNITY PARTNER - ADMIN) on 05/18/2023 at 2:20 PM Pacific Time.

Primary Applicant - Basic Information

First/Given Name(s)	DEVON
M.I.	A
Last/Family Name(s)	MCDONALD
Suffix	
First name(s) the individual would like us to use	DEVON
Middle name the individual would like us to use	
Last Name(s) the individual would like us to use	MCDONALD
Suffix the individual would like us to use	
Which name would you like us to use on notices?	DEVON MCDONALD
Date of Birth	02/05/1993

Questions? Please visit <https://benefits.oregon.gov> or call
1-800-699-9075 or 711 (TTY)

Please select the sex that matches your current federal information.	Male
What is the individual's gender?	
Is the individual transgender?	No

Important Information for all those who apply

For most programs you must complete an interview after you submit your application.

All information you give us is completely private and secure. We do not share your information with anyone without your permission.

Please tell us if you need help during your interview. This may be because of a physical or mental condition. You may need a sign language interpreter. We can get the help for you. We can get a free interpreter for your interview if you speak a language other than English.

We may ask you to prove some of your answers. Please give us as much detail as possible. This is so we can get you the benefits you are eligible for.

If you or anyone else in your home does not want to receive benefits, you may not have to tell us some of their information. We may not need their social security number, citizenship or immigration status. We may need other information such as income. Other members of your household can still get benefits, if they qualify.

I understand that OHA and ODHS will access my personal information stored on state and federal databases	Yes
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Authorized Representative Information

Would you like to choose an Authorized Representative or one or more Alternate Payees?	No
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Household Contact Information

Questions? Please visit <https://benefits.oregon.gov> or call 1-800-699-9075 or 711 (TTY)

Does everyone in the household have the same contact information

First name(s) the individual would like us to use:	DEVON	Middle Initial the individual would like us to use:		Last name(s) the individual would like us to use:	MCDONALD
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Which name would you like us to use on your notices? DEVON MCDONALD

Where do you live? I do not have a permanent address

Address Line 1

Address Line 2

City	MEDFORD	State	OREGON	Zip Code	97501	Zip+4	
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County JACKSON Do you live in Oregon? Yes

Do you plan to stay in Oregon? This includes living in Oregon to look for work. Yes

I pick up my mail from a different address from where I live.
Choose this and provide a safe mailing address If it is not safe for you to receive mail at the address where you live. Yes

Mailing address

Address Line 1 1101 W Main St

Address Line 2 #101

City	Medford	State	OREGON	Zip Code	97501	Zip+4	2965
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County JACKSON

How would you like us to reach you?

Please do not send paper copies of notices in the mail NA

What is the best way to tell you that you have a new notice in your message center? Paper and Email

Questions? Please visit <https://benefits.oregon.gov> or call 1-800-699-9075 or 711 (TTY)

Email Address	500dev1993@gmail.com
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Primary Phone Type		Primary Phone		Ext	
Secondary Phone Type		Secondary Phone		Ext	
Want to receive text alerts from us? Check this box to agree to receive text message alerts to my cell phone number regarding important alerts from ODHS/OHA, such as appointment reminders and requests for information. Message and data rates may apply. Message frequency varies.					No
I authorize ODHS/OHA to send text message alerts to my primary and secondary phone number					NA
I authorize ODHS/OHA to leave voicemail alerts to my primary and secondary phone.					NA
I authorize ODHS/OHA to contact me via email					Yes
Does DEVON MCDONALD need written materials in an alternate format?					No

Communication Needs

What language or languages does DEVON MCDONALD use at home?	English
In what language does DEVON MCDONALD want us to communicate in person, on the phone, or virtually with you?	English
In what language does DEVON MCDONALD want us to write to them?	English
Does DEVON MCDONALD need or want an interpreter, captioner or other accommodations for us to communicate with you?	No

Other Individual Questions

DEVON MCDONALD	
Is DEVON MCDONALD deaf or have serious difficulty hearing?	No

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Other Individual Questions

Is DEVON MCDONALD blind or have serious difficulty seeing, even when wearing glasses?	No
Because of a physical, mental, or emotional condition, does DEVON MCDONALD have serious difficulty concentrating, remembering, or making decisions?	Yes
At what age did this condition begin?	16
Does DEVON MCDONALD have serious difficulty walking or climbing stairs?	No
Does DEVON MCDONALD have difficulty dressing or bathing?	No
Does DEVON MCDONALD have serious difficulty learning how to do things most people their age can learn?	No
Using their usual (customary) language, does DEVON MCDONALD have serious difficulty communicating (for example understanding or being understood by others)?	No
Because of a physical, mental, or emotional condition, does DEVON MCDONALD have difficulty doing errands alone such as visiting a doctor's office or shopping?	No
Does DEVON MCDONALD have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?	No

Living Arrangement Information

Name	DEVON MCDONALD
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Living Arrangement Details

Where does DEVON MCDONALD currently live?	Other
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Education and School Attendance

Name	DEVON MCDONALD
What is the Highest Level of Education completed by DEVON MCDONALD ?	No Formal Education
Is DEVON MCDONALD currently enrolled in school?	No

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Education and School Attendance

Did DEVON MCDONALD stop attending school in the last 12 months?	No
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CCO Selection

Individual	Program	CCO Selection
DEVON MCDONALD	Medical	Jackson Care Connect

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote today? Applying or declining to register will not affect the amount of assistance you will be provided by this agency.	Yes
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