homeforward
hope. access. potential.

Home Forward
1605 NE 45th Avenue
Portland, OR 97213
PH: 503.280.3750 **FX**: 503.280.3766 **TTY**: 503.802.8554

Priority Verification Due to Health

Home Forward provides priority placement on housing program wait lists to households with a member who has a terminal illness.

Head of Household Name (please print): _____

Current Mailing Address _____

City, State, Zip Code _____ Phone_____

Name of Family Member with Illness _____

Birth Date of Family Member with Illness _____ (mm/dd/yyyy)

SSN for Family Member with Illness _____ (last 4 digits)

The ill person is: ☐ Head of Household ☐ Spouse/Co-head ☐ Other Adult ☐ Child under 18

Applicant Household Authorization: *The authorization below must be completed by the ill person. If the ill person is under 18 years old, then the head of household must complete, sign, and date.*

I, (please print) _____, authorize the release of this information to Home Forward.

Signature Date

Medical Professional Certification: *The household above has indicated eligibility for a wait list priority due to health. Please complete below to certify the household meets this priority.*

It is my diagnosis that (please print)_____, the ill family member noted above, has a documented terminal illness with a life expectancy of 12 months or less.

_____
Medical Professional Signature Date

_____
Name Printed Title

_____
Office Address Phone Fax

Completed by Home Forward Staff Only – Medical certification valid for 12 months from date signed.

Name of person providing verification:	Title:	
Physician's office certifies form is authentic: ☐ Yes ☐ No	Date verified:	Time verified:
Home Forward staff signature:		