homeforward

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Property Management: 1605 NE 45th Ave. Porland, OR 97213 PH: 503-280-3750 / TTY: 503-802-8554 / Fax 503-280-3766

Priority Verification Due to Health

Home Forward provides priority placement on housing program waiting lists to households with a member who has a terminal illness. Please Complete this form if you would like to be added to our waitlist utilizing this priority.

Head of household name: _____ D.O.B. _____

Mailing Address: _____Phone: _____

City, State, Zip Code: _____ Last 4 of SSN: _____

Email: _____

Name of Family Member with Illness: _____

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

This person is: ☐ Head of Household ☐ Spouse/Co-head ☐ Other adult ☐ Under 18

APPLICANT AUTHORIZATION

Applicant household Authorization: the authorization below must be completed by the person that is ill. If the person is under the age of 18, the head of household must complete, sign and date.

I, (please print) _____, authorize the release of my information as it pertains to this request for priority verification to Home Forward.

TO BE COMPLETED BY A MEDICAL PROFESSIONAL

Medical Professional Certification: The household above has indicated eligibility for a wait list priority due to health. Please provide us with information to certify the household meets this priority and information that will help us provide the correct unit type.

The applicant (please print name) _____has a documented illness with a life expectancy of 12 months or less. Yes ☐ No ☐

The applicant uses a wheelchair or other mobility device and needs a unit with accessible features. Yes ☐ No ☐

Medical Professional Name (Print) **Signature** **Date**

Medical Office Address **Phone** **Fax**

Below completed by Home Forward Staff - Medical certification valid for 12 months from date verified. Staff must verify 3rd party information.

Name of person / title providing verification:_____

Date Verified: _____ *Home Forward Staff Signature:*_____