



Health-Related Services Flexible Services bulk request form

Please refer to **HRS Bulk Request Form-instructions** for instructions on how to fill out this form.

Request type and CCO

CCO:   

Request date: _____

Request type: TEMPORARILY UNAVAILABLE Purchase type 1: Supply order Purchase type 2: Reimbursement

I have not submitted tracking because this is my first supply order or my previous supply order tracking has been submitted (if applicable).

Requester information

Organization name: _____

Name: _____

Clinic/team: _____

Email: _____

Delivery address : _____

City: _____ State: _____ ZIP code: _____

Office phone: _____ Office fax: _____

If available, I would like to pick up requested items from PANOW.

Requester name: _____

Requester signature: _____

Attestation:

- I attest that the item(s) distributed to each member supports the member's treatment plan.
- I attest that these items are not meant to be funded long-term. Care plans for each member receiving items should include plans to transition item/service to an alternative source of funding.
- I attest that I understand Health-Related Services funding is a last resort, and I sought other resources prior to making this request.
- I understand my organization is responsible for submitting monthly tracking of distributed items (or confirmation that no items have been distributed). I understand this is due by the 15th of the following month.

Item information

Bus fare

Rogue Valley Transportation District (RVTD)

Helping Hands pass Quantity _____

Day pass Quantity _____

TriMet

Adult day pass Quantity _____

Honored citizen day pass Quantity _____

Youth day pass Quantity _____

Tillamook County

Transportation District (TCTD)

Reduced fare
monthly pass Quantity _____

City Team shelter vouchers

(books of 25 vouchers) Quantity _____

Cell Phone & 3 month data plan (\$40 value plan)

Smart phone (Verizon) Quantity _____

Please check here if you would like a smart phone case.

Flip phone (Verizon) Quantity _____

Cell Phone Cards

Verizon:

30 day service plan, unlimited talk/text,

\$25 value (3 GB data at high speed then 2G),

\$40 value (15 GB data at high speed then 2G).

Quantity: _____ \$25 value \$40 value

Quantity: _____ \$25 value \$40 value

Tent Quantity _____

Sleeping bag Quantity _____

Please check here if you need cold weather sleeping bags.

Tarp Quantity _____

Hygiene kits

Please check here if you would like a kit without a shaving razor.

Male Quantity _____

Female Quantity _____

Child Quantity _____

Locking medication case Quantity _____

Box fan

Box fan Quantity _____

Box fan with air filter Quantity _____

Air filter replacements Quantity _____

Fentanyl test strips Quantity _____

Vendor information

If you need a pre-approved bulk item from a different vendor (e.g. a different type of sleeping bag or other public transit pass), please use this section to identify the specific item and vendor needed.

If no vendor information indicated, the generic option will be supplied.

Vendor name: _____

Phone number: _____

Specific product name: _____

Link to specific item:

Tracking reminder (Excel file)

The Bulk Purchase Tracker (part B) is available on our website at: link.careoregon.org/hrsf-bulk-tracker

Fields must be completely filled out. Requests for additional items will not be honored until tracking forms accounting for all previously supplied items have been submitted (unless there are five or less items in inventory).

See Health Related Services Instructions for additional information.

Submission requirements

Purchase type 1- Supply order: TEMPORARILY UNAVAILABLE

1. HRSF Bulk Purchase Request (part A: form)
2. HRSF Bulk Purchase Tracker (part B: Excel, CareOregon will send you a tracking number associated with the request to include on the form)
 - *Tracking is only needed for previously submitted requests*

Purchase type 2- Reimbursement:

1. HRSF Bulk Purchase Request (part A: form)
2. HRSF Bulk Purchase Tracking (part B: Excel), to indicate which members received items purchased
3. Itemized invoice and receipt

Fax completed forms to: ATTN: HRS Flex at 503-416-4728

Or by mail to: ATTN: HRSF Clinical Operations Team
CareOregon
315 SW Fifth Ave
Portland, OR 97204

**Health Related
Services Voicemail:** 503-488-2808