

OHP ENROLLMENT
REGISTRO AL PLAN DE SALUD DE OREGON

Phone: 503-345-7031

LOCATION	ADDRESS	DAYS	HOURS	SECOND LANGUAGE
Clackamas County				
Borland Free Clinic	3550 SW Borland Rd Tualatin, OR 97062	Monday	3:00pm - 7:00 pm	Spanish
DHS Clackamas	16440 SE 82nd Drive. Clackamas, OR 97015	Monday to Thursday	8:30am - 5:00pm	
DHS Oregon City	315 S Beaver Creek Rd. Oregon City, OR 97045	Tuesday and Thursday	8:30am - 5:00pm	Spanish
Gladstone Center for Children and Families	18905 Portland Ave. Gladstone, OR 97027	Monday	8:00am - 2:00pm	Spanish
Multnomah County				
DHS East Branch	11826 NE Glisan St. Portland, OR 97220	Monday, Wednesday and Friday	8:30am - 5:00pm	
DHS Hollywood	4425 NE Broadway Portland, OR 97213	Monday and Wednesday Friday	8:00am - 4:00pm 8:00am - 12:00pm	Spanish
DHS New Market	50 SW 2nd St Portland, OR 97204	Tuesday	8:00am - 12:00pm	Somali
DHS St Johns	6443 N Lombard. Portland, OR 97203	Tuesday and Thursday	8:30am - 5:00pm	
Washington County				
DHS Beaverton	15425 NW Greenbrier Pkwy. Beaverton, OR 97006	Monday to Friday	8:30am - 5:00pm	Spanish - Everyday Russian - Tuesday
HELP Center - BSD	4925 SW Angel Ave, ste 100. Beaverton, OR 97005	Tuesday (Open with school calendar)	8:00am - 3:30pm	Spanish
DHS Hillsboro	5300 NE Elam Young Pkwy. Hillsboro, OR 97124	Monday, Tuesday, Thursday and Friday	8:30am - 5:00pm	Spanish
WIC Hillsboro	254 N First Ave. Hillsboro, OR 97123	Monday Friday	10:00am - 6:30pm 8:00am - 4:30pm	Spanish Spanish
DHS Tigard	10777 SW Cascade Ave. Tigard, OR 97223	Wednesday & Friday	8:30am - 5:00pm	Spanish

****Due to staff meeting and continuing education training, may not be available last Wednesday each month**

Effective:06/03/2019

****Our schedule changes often, to check the most updated version, visit us at: www.projectaccessnow.org/help**

BRING THE FOLLOWING INFORMATION FOR EVERYONE IN YOUR FAMILY:

- +Names and Birth dates for anyone in your “Tax household”, even if they are not applying for insurance.
- +Social security numbers and immigration documents (if applicable) for everyone applying for coverage
- +Proof of income, ie pay stubs, from at least the past month, W2’s and/or tax return, etc. If self employed, information about income and deductions.
- +Information about health insurance offered by an employer or other current health insurance; ie. monthly premium, dependent coverage offered, etc.

FAVOR DE TRAER LOS SIGUIENTES DOCUMENTOS EL DÍA DE SU CITA.

- + Nombres completos junto con fechas de nacimiento de todas las personas que estarán en su solicitud, incluyendo dependientes extras que estén incluidos en su declaración de impuestos
- + Tarjetas de Seguro Social de todas las personas que estarán en la solicitud (Si lo tienen)
- + Tarjeta de Residencia Permanente, Permiso de Trabajo, Certificado de Ciudadanía o Pasaporte Americano (Si los tienen)
- + Prueba de ingreso de las personas que trabajan en el hogar, ejemplo: talones de cheque de los últimos dos meses, W2’s, declaración de impuestos, etc. Si trabaja por su cuenta, un estado de ingresos y gastos
- + Dirección y número de trabajo del empleador
- + Tarjetas de seguro médico actual, OHP, privado o por medio del empleador (Si las tiene)

503-345-7031

En Español: 503-345-7031

Somali: 971-213-3291

Russian: 971-254-2708

www.projectaccessnow.org/help/

www.projectaccessnow.org/para-ayuda/

Our mission is to improve the health of our community by creating access to care and services to those most in need