



## OHP ENROLLMENT

### REGISTRO AL PLAN DE SALUD DE OREGON

**Phone: 503-345-7031**

LOCATION	ADDRESS	DAYS	HOURS	SECOND LANGUAGE
<b>Clackamas County</b>				
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	Tuesday to Friday	8:00am - 4:30pm	Spanish - Friday
DHS Oregon City	315 S Beaver Creek Rd. Oregon City, OR 97045	Thursday	8:00am - 4:30pm	Spanish
Gladstone Center for Children and Families	18905 Portland Ave. Gladstone, OR 97027	Monday	8:00am - 4:30pm	Spanish
<b>Multnomah County</b>				
DHS Hollywood	4425 NE Broadway Portland, OR 97213	Monday and Wednesday	8:00am - 4:30pm	
DHS St John's	6443 N Lombard. Portland, OR 97203	Tuesday and Thursday	8:00am - 4:30pm	
<b>Washington County</b>				
DHS Beaverton	15425 NW Greenbrier Pkwy. Beaverton, OR 97006	Monday to Friday	8:00am - 4:30pm	Spanish - Monday to Thursday Russian - Tuesday
HELP Center - BSD	4925 SW Angel Ave, ste 100. Beaverton, OR 97005	Tuesday	8:00am - 3:30pm	Spanish
WIC Hillsboro	254 N First Ave. Hillsboro, OR 97123	Monday	10:00am - 6:30pm	Spanish
		Wednesday and Friday	8:00am - 4:30pm	
DHS Tigard	10777 SW Cascade Ave. Tigard, OR 97223	Monday	8:00am - 2:00pm	Spanish
		Friday	8:00am - 4:30pm	
<b>Yamhill County</b>				
Providence Newberg Hospital	1001 Providence Dr. Newberg, OR 97132	Tuesday	8:00am - 4:30pm	By appointment only 971-254-2613
		Thursday	8:00am - 12:0pm	

**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**

**Russian: 971-254-2708**

**[www.projectaccessnow.org/help/](http://www.projectaccessnow.org/help/)**

**[www.projectaccessnow.org/para-ayuda/](http://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**