

Health-Related Budget Worksheet



Thank you for submitting a health-related services request.

In some cases, our team needs more information to determine what the member's sustainability plan is and what resources they have. Please fill out the below form to provide more information so we can determine how best to support the member.

Member information

Member name: _____ Date: _____

Number of months/years at current residence: _____ Number in household: _____

Current housing situation: _____

Total monthly income _____ Total monthly expenses: _____

Income sources	Household member's name	Amount	Monthly/yearly
AFDC (TANF)			
General relief			
Employment PT/FT			
VA benefits			
SSI/SSDI			
State disability			
Unemployment			
Foster care			
Disabled family member			
Educational assistance			
Child support			
Pension/retirement			
Other income			

**Please tell us more about the current financial situation.
What caused the lapse in payment of bills?**

Expenses for the next three months



Current month's expenses			
Rent/mortgage	\$	Automobile payment	\$
Gas	\$	Car insurance	\$
Electric	\$	Gasoline	\$
Water	\$	Household supplies	\$
Trash	\$	Food	\$
Phone	\$	Childcare	\$

Next month's expenses			
Rent/mortgage	\$	Automobile payment	\$
Gas	\$	Car insurance	\$
Electric	\$	Gasoline	\$
Water	\$	Household supplies	\$
Trash	\$	Food	\$
Phone	\$	Childcare	\$

Third month's expenses			
Rent/mortgage	\$	Automobile payment	\$
Gas	\$	Car insurance	\$
Electric	\$	Gasoline	\$
Water	\$	Household supplies	\$
Trash	\$	Food	\$
Phone	\$	Childcare	\$

Plan to increase income and reduce expenses



Action	Target date
1.	
2.	
3.	
4.	
5.	
6.	

Fax completed forms:

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ATTN: HRS Flex

Secure email:

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Or, mail:

ATTN: Strategic Business Partnerships
CareOregon
315 SW Fifth Ave,
Portland, OR 97204

Health-related services phone:

503-488-2808