

## Statement of Eligibility for Mainstream Voucher Preference

**Instructions:**

- Please complete and sign this form below if you believe your household is eligible for the Mainstream Voucher Preference
- If you or anyone in your family is a person with disabilities and you require a specific accommodation to fully utilize our programs and services, please contact **503 415-8050**.

**Program Information:**

- To be eligible for this preference, your household must include a family member who:
  - Has a disability, **and**
  - Is between the ages of 18 and 61 years, **and**
  - Is transitioning out of an institutional or other segregated setting.
- Eligible household can be a single person if person meets preference criteria listed above.

### Household Information

Head of Household Name:

Last four numbers  
of SSN:

Name of Eligible Family Member:

Date of Birth of Eligible Family Member:

- Attach Proof of Age such as a copy of Photo ID

### Verification of Disability

Please attach the requested verification.

- Benefit Letter from Social Security Administration** dated within past 60 days, **or**
- Verification of Disability Form** completed by a qualified professional, such as a doctor, other medical professional, or licensed clinical social worker.

### Verification of Transition from Institutional or Other Segregated Setting

Institutional and other segregated settings include, but are not limited to:

- Congregate settings populated exclusively or primarily with individuals with disabilities; **or**
- Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; **or**
- Settings that provide daytime activities primarily with other individuals with disabilities.

**Transitioning** is defined as having a plan for exiting an institutional or other segregated settings within three months.

- Attach Written Verification of Transition Plan** such as a letter from staff at the facility or from another service provider describing the setting and confirming that the eligible family member has a plan to exit within three months.

Name of Institution/Segregated setting:

Phone:

Name of someone who can verify transition plan:

Title:

### Certification

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

**I certify the information in this Statement of Eligibility is true and accurate.**

Head of Household Signature:

Date: