

RHAF ENROLLMENT FORM GUIDE

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The Reproductive Health (RH) Access Fund Enrollment form is used to determine clients' eligibility for coverage under the RH Access Fund and must be kept for seven years (either the original paper version or a scanned electronic version). It has two “sections” – the enrollment/eligibility section, and the optional demographics section.

The enrollment section determines clients' eligibility for free RH services, and which funding stream(s) will be used for each client's services.

The demographics section helps the Oregon Health Authority understand which communities are most impacted by health and service differences, so it (OHA) can better fund and serve those communities.

Enrollment Questions

#	Question	Explanation
1	Legal last/family name(s), Legal first name, MI	The client's name on government documents (e.g. birth certificate, driver's license).
2	Date of birth	The month, day, and year the client was born. Please ask the client to use the U.S. convention of month, day, year (mm/dd/yy). Record as much of this information as the client can give. If the birth year is unknown, ask the client, “How old are you?” and calculate the year. If the birth month is unknown, use July 15, a default date used by the processor for unknown data.
2	Sex assigned at birth	The client's sex as was originally marked on their birth certificate. This question helps determine which funding stream(s) will be used to pay for the client's services.
2	Optional: What is your gender identity?	If the client wants to express their gender identity, they may answer this question. It is not required.
3	City, Zip	The city and zip code in which the client lives. This is separated from the mailing or street address because clients with Another Status do not need to provide a mailing address. If the client does not have an address or is uncomfortable providing their city and zip code, they may write the city and zip of the clinic.

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#	Question	Explanation
4	Do you have private health insurance?	If a client has private health insurance, they should check 'Yes'. Clients with private insurance are still eligible for the RH Access Fund. If the client's insurance is Kaiser or Medicare, note that on the Enrollment Form. Then, see Section 4 of the Program Manual for billing instructions. If the client does not have private health insurance, they may skip to question 6.
5	Are you ok with us billing your insurance?	Clients with private insurance who do not want the insurance holder to receive information about their visit should check 'No'.

The following three questions determine if the client's income falls within the RH Access Fund' income requirement – at or below 250% of the Federal Poverty Level (FPL).

#	Question	Explanation
6	Do you have your own income?	Clients who do not have their own income should check 'No' and skip to question 8.
7	Income BEFORE taxes	Clients who do not have an income can skip this question. Clients' income eligibility is based just on THEIR monthly income. The client should NOT include their spouse's, partner's, or parents' income. To see what counts as income, look in the Frequently Asked Questions at the end of this document.
8	Tax Filing	Clients' income eligibility is also based on how many people are included on the same tax filing as the client. • Client filed their own taxes: - Household Size = the client + anyone they included in their taxes • Client did not file their own taxes, but was claimed on another person's taxes: - Household Size = the client + anyone else included on the same tax filings. • Client did not file their own taxes and was not claimed on anyone else's:

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#	Question	Explanation
		Household size = the client Foster children or other unrelated children included in the tax filing are not counted in the household size; and payments received for caring or foster children are not considered income. To help the client determine how to answer this question, see the Tax Question Flowchart.

Question #9 helps determine which funding stream(s) will be used to pay for the clients' services. **None of the answers make a client ineligible.**

#	Question	Explanation
9	Citizenship and immigration status	The RH Access Fund's three funding streams have different eligibility requirements – one can only be used if the client has U.S. Citizenship or Eligible Immigration Status; another can only be used if the client has Another Status. Staff can use the Citizenship and Immigration Status Chart (available in English, Spanish, Korean, Marshallese, Russian, Simplified Chinese, and Vietnamese) to help clients answer this question accurately. CLIENTS CAN QUALIFY NO MATTER WHAT OPTION THEY CHECK. Clients can also leave this answer blank if they are uncomfortable answering.
10	Write your SSN	Clients who skipped question 9, marked Eligible Immigration Status, Another Status, or Don't want to answer can skip this question. Clients with U.S. Citizenship should provide an SSN if they know it. If they don't know it, the client can still receive services.
10	Write your Oregon mailing address	Clients who skipped question 9, marked Eligible Immigration Status, Another Status, or Don't want to answer can skip this question. We try to use CCare funding when possible because it allows us to use federal funding. To use CCare the

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#	Question	Explanation
		client must live in Oregon. Clients should provide the address where they receive mail. If the client does not have an address or is uncomfortable providing their address, they may write the address of the clinic.

Clients must be offered the chance to register to vote. See more about this requirement in Section 2 of the [Program Manual](#).

#	Question	Explanation
11	Do you want to register to vote today?	Any client who meets the requirements to vote in Oregon may register: • A resident of Oregon; • At least 17 years old; and, • A U.S. citizen. The client may choose one of three responses: Yes – Clinic staff must provide the client with the Voter Registration Card (SEL 503). The client may take the form home to complete and mail to the election’s office. If, however, the client requests help in completing and mailing the form, follow the procedure outlined in the 2024 NVRA Agency Manual. No – This will serve as the official client declination. Not Applicable – If client is already registered or ineligible to register to vote. No further action is required.

Use of Social Security number (SSN): This is to inform the client of why their SSN is required and what it is used for.

Client Signature and Signature Date: The signature and date are required for program enrollment. **If either are missing the RH Access Fund will not reimburse for the clients’ services.** Services provided prior to the signature date will not be reimbursed and **Enrollment Forms cannot be backdated.** The signature date must match the eligibility effective date in the Eligibility Database. Please ask the client to use the U.S. convention of month, day, year (mm/dd/yy).

Verbal signatures are also permissible. See the RH Access Fund Remote Enrollment Guidance for more information.

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For Clinic Staff Only

This section is to help clinic staff track process requirements and help RH Program staff during Enrollment Form audits. Only items marked with a red asterisk are required.

Field	Explanation
Agency #, Clinic #, Date	The clinic's Ahlers agency (project) and clinic (site) numbers, and date the client signed the form.
*Staff name	Staff person who helped client with the Enrollment Form. This helps when there are questions about the client's information and is used when there are questions about the Enrollment Form during audits.
*Client's RHAF #	The RH Access Fund number assigned to the client when their information is saved in the Eligibility Database.
*Offered OHA Notice of Privacy Practices	Clients must be offered a copy of the OHA Notice of Privacy Practices. It is available in multiple languages on the OHA Privacy Practices webpage .
*Explained services covered by the RH Access. Discussed payment options for services not covered by the RH Access Fund	Clients must be informed of what services the RH Access Fund does and does not cover. If the client needs services that are not covered, payment options (or referrals) for these services should be discussed.
Gave information on where to access primary care services	Clinic staff must indicate whether information on where to access primary care services was offered to the client. If the client indicates they know where to access primary care services, mark 'Not needed'.
Gave health insurance enrollment information	Clinic staff must indicate whether health insurance enrollment information, including Oregon Health Plan (OHP) enrollment, was given to the client. If the client already has health insurance, mark 'Not needed'.
Provided a voter registration card. Offered assistance completing and submitting the form.	This is only used if a client indicates they have U.S. Citizenship. The primary funding stream that pays for services provided to clients with U.S. Citizenship requires that they be offered a voter registration card and offered assistance in completing and mailing the card. If the client is already registered, is unable to register, or declined the voter registration card mark 'Not needed.'

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Optional Demographics Questions

The questions in this section were created by a collaboration of community organizations and are based on local, state, and national best practices. ORS 413.161 requires all OHA and ODHS programs that collect demographic data to include these questions on their forms.

The purpose of the questions is to increase and standardize the collection of race, ethnicity, language, and disability data across ODHS and OHA. The data collected using these questions helps the Oregon Health Authority understand which communities are most impacted by health and service differences, so it (OHA) can better fund and serve those communities.

For more information, see the [REALD Webpage](#).

When clients ask about these questions, assure them:

- THERE ARE NO WRONG ANSWERS
- They may choose not to answer by marking 'Decline or don't want to answer'
- None of the information from these questions is used to determine their eligibility for free RH services.

Frequently Asked Questions

Q. *What if a client needs to change an answer after they have completed the form? For example, they want to change their answer on Q5 from "Yes, you can bill my insurance" to "No, I'm worried about the person who pays for my insurance finding out about my visit".*

A. Clients may change their answers after completing the Enrollment Form. This can be done in a few ways:

- 1) If the paper Enrollment Form is available to the client, the client can change their answer and write their initials and date next to the changed answer.
- 2) If the paper Enrollment Form is not available to the client, but is available to staff, a staff person can change the answer and write their initials and date next to the changed answer.
- 3) If the paper Enrollment Form is not available to either the client or staff (i.e. it was scanned and filed electronically), staff can change the answer in the Eligibility Database and make a note* in the client's record.

*Please note, if the client's enrollment is chosen as part of an Enrollment Form audit, the note will need to be included or a finding may be issued.

Q. *Can a client enroll at a supply-only visit?*

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A. Yes! Clients may enroll at a supply-only visits!

Q. *What counts as income?*

A. For the purposes of enrolling in RHAF, income includes: salaries, wages, tips, net earnings from self-employment

Do NOT include: grants, loans, SNAP benefits, tax refunds, veteran's benefits, child support, SSI, worker's compensation, payments for foster parenting