

Community Action Team, Inc.  
Senior, Respite, and Veteran Services Programs

**Oregon Project Independence (OPI) Application for In-Home Services:**

**Date:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address if Different:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Other Household Members:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- This application indicates that you are applying for in-home services through the Oregon Project Independence Program (OPI).
- Qualifying for in-home services through the Oregon Project Independence Program depends on an assessment priority level as defined by ORS: 411-015-0000.

**Race:** (for funding purposes)

- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- White
- Not Reported

**Ethnicity:**

- Hispanic/Latino
- Not Hispanic/Latino
- Not Reported

**I am applying for in-home services through the Oregon Project Independence Program:**

\_\_\_\_\_  
**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Senior Case Manager/Program Director** \_\_\_\_\_ **Date:** \_\_\_\_\_