



MS5 LLC – Health-Related Social Needs (HRSN)

9221 SW Barbur Blvd, Suite 203 · Portland, OR 97219 · 971-229-1793 · www.ms5.info

CLIENT INTAKE & CONSENT

Client Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____

OHP / Medicaid ID: _____

Case Number (if applicable): _____

Contact Information

Phone Number: _____

Email Address: _____

Mailing Address: _____

Program Enrollment & Consent

By signing this form, I voluntarily agree to receive all applicable MS5 LLC Health-Related Social Needs (HRSN) services, including Outreach & Engagement (T1017), Housing Support Services, Rent & Utility Assistance (H0044 including bundled Tenancy Support H2015 where applicable), Climate-Related Supports, and other approved services. I understand these services are non-clinical and voluntary.

CLIENT SIGNATURE – REQUIRED

Signature: _____ Date: ____ / ____ / ____

RELEASE OF INFORMATION (ROI)

Authorization

I authorize MS5 LLC to obtain, use, and disclose my information as necessary for service coordination, eligibility verification, referrals, documentation, and Medicaid/OHP billing.

Scope & Recipients

This authorization applies to all relevant non-clinical information including eligibility data, housing and rental information, utility billing information, case management documentation, referrals, and authorizations. Information may be shared with Coordinated Care Organizations (CCOs), Oregon Health Authority (OHA), ODHS, landlords, utility companies, community-based organizations, and other entities involved in supporting approved services.

Expiration & Rights

This authorization remains valid for the duration of services or one (1) year from the date of signature, unless revoked earlier in writing.

ROI SIGNATURE – REQUIRED

Signature: _____ Date: ____ / ____ / ____