Health Share of Oregon

Safe Beginnings Flexible Funds Request Form

The Safe Beginnings Package is an opportunity to supply health and safety items for pregnant and postpartum members in their third trimester of pregnancy and up to six months postpartum. Health Share and our health plan partners have a list of pre-approved items available for pregnant and postpartum members enrolled with Health Share. These items are intended to ensure a safe and healthy start for newborns and their families.

Items on this form are single requests only and are not eligible for ongoing support/funding.

- If needed, you can submit the form requesting items at different times. **However, each item will only be approved once per delivery/infant birth.** *NOTE: Some items are specific to the first few months following a delivery event.*
- Infant-specific items require a quantity to be listed (one item per infant is available).
- Delivery timelines may vary depending on the vendor. Items may arrive at different times, depending on vendor supply.
- Requestor must complete **REQUESTOR** & **MEMBER INFORMATION** sections below, and all data related to the requested items—incomplete forms will not be approved until the requestor submits all information needed.

If you have any questions, please reach out to your client's health plan directly.

Submission information and where to find information for each Health Share plan:

CareOregon:

- Complete digital request form or visit CareOregon's Social Needs Assistance website.
- Email completed form to carebaby@careoregon.org
- For more information: 503-416-4100 / hrsncx@careoregon.org

Kaiser Permanente:

- Email completed form to medicaidhrsflexfunds@kp.org
- For more information: 503-721-6435

OHSU Health:

- Email completed form to ohsuhshrs@ohsu.edu
- For more information: 844-827-6572 / ohsuhscareteam@ohsu.edu

Providence:

- Email completed form to care.management@providence.org
- For more information: 503-574-7247 or visit Providence Health & Wellness Resources website.

Requestor Information	
Name:	**Organization & Role:**
Fax (if applicable):	**Phone Number:**
Email Address:	
Date of Request:	
☐ I attest that the requested item(s) align with the member's treatment plan for the listed diagnosis and that the member has no other resources available. ☐ I attest that Health Share and its health plans are not responsible for technical assistance or installation guidance where applicable. ☐ I attest that the member will read the manufacturer's safety information and user manual to learn about safe usage of items and how to be notified regarding any safety recalls for the items received.	

Member Information (birth parent)	
Name:	**Estimated Due Date:**
DOB:	**Number of Infants:**
OHP ID:	**Diagnosis:** Z34.90
Phone Number:	**Delivery Address:**
Preferred Language:	

Available Items		
See Safe Beginnings Information Sheet for more information about items. Choose the number of items needed (one per infant).		
# of items	Item	Description
	Safe Sleep Crib Set	Portable crib (i.e. Pack 'n play or similar model)
	Baby Health Kits	Thermometer, toothbrush, nasal aspirator & other infant health items
	Lactation Supply Kit	Nursing pads, hot & cold gel pads, nipple cream

Note: The items on this form are pre-approved by all Health Share plan partners but are not the only requests that can be submitted. If members have additional needs, you may submit a separate request through the routine Flexible Services request process for the member's plan. See Housing, Food & Climate Support | Health Share of Oregon – HRSN Benefits — Health Share of Oregon for details.

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