



## REQUESTING A DATE OF REQUEST CHANGE

Below is a guide on how a certified community partner (assister) organizations and Cover Oregon certified agents may request a date of request (DOR) change. If a community partner or agent identifies an issue with the medical eligibility start date and the DOR, please follow the steps outlined below:

- 1) Request a secure email at [ohp.outreach@state.or.us](mailto:ohp.outreach@state.or.us)
  - I. **Subject Line:** DOR Change Request
  - II. **Body of Message:** *"I would like to request a DOR change. Please reply with a secure email so that I may submit protected identifying information"*
  
- 2) Reply to the secure email from [ohp.outreach@state.or.us](mailto:ohp.outreach@state.or.us) and include:
  - ✓ **Individual's name**
  - ✓ **Date of birth**
  - ✓ **SSN**
  - ✓ **The correct DOR**
  - ✓ **Assisters name, contact information with organization ID**
  
- 3) If there is an urgent need the email should be sent as high priority, the email subject line should begin with the word "Urgent" and within the body of the email there should be some explanation as to what the urgent need is.

\*Assistors should send a separate email for each individual.