

Foomka Cabashada Qorshaha Caymiska Caafimaadka Oregon

Haddii aad ka diiwaangashan tahay hay'ad xannaano nidaamsan (CCO), fadlan ugu horreyntaba wixii cabasho ah ka wac CCO-gaaga.

Haddii aad wax cabasho ah ka qabto adeegyada Qorshaha Caymiska Caafimaadka Oregon (OHP), buuxi foomkan oo u dir qaybta Adeegyada Macmiilka ee OHP, PO Box 14015, Salem AMA 97309.

Magacaaga:	Taleefan lambarkaaga:
Magaca xubinta (<i>haddii aadan adigu ahayn xubinta</i>):	Lambarka aqoonsiga xubinta OHP ama taariikhda dhalashada:
Maxaa dhacay? Goorma ayuu dhacay? Yaa ku lug lahaa? (<i>Soo lifaaq dukumeenti kasta sida ogeysiisyada, diidista adeega, biilalka dhakhtarka iwm., xiriirada dhexmaray xubinta iyo dadka kale sida DHS/OHA ama CCO, taas oo laga yaabo inay naga caawiso ka hawlgelista cabashada.</i>)	
Maxaa aad naga rabtaa inaanu ka qabano tan?	
Wixii cabashooyinka adeega taleefanka OHP khuseeya, sidoo kale waxyaabaha soo socda noo soo sheeg: Taariikhda iyo waqtiga wicitaanka:	
Lambarka aad wacday (<i>dooro mid</i>): <input type="checkbox"/> 800-699-9075 ama <input type="checkbox"/> 800-273-0557	
Muddo intee in le'eg ayaad sugtay?	Yaa kaa qabtay taleefanka?
Maxay ahayd sababta wicitaankaagu?	
Ku soo lifaaq bogaga dheeraadka ah, haddii loo baahdo.	

OGEYSIIS: Haddii aadan ku raacsanayn diidmada aad ka heshay adeegyada OHP, waxaad u baahan doontaa foom midkan ka duwan.

Si aad wax badan uga ogaato tan, booqo bogeena Cabashooyinka iyo Rafcaanada barta OHP.Oregon.gov (guji "Cabashooyinka iyo Rafcaanada").