



UMPQUA HEALTH ALLIANCE

500 SE CASS AVENUE, SUITE 200
ROSEBURG, OR 97470

Barrier Submission Form

Please do not include Protected Health Information on this form

Date: Click here to enter text.

Age of individual affected by the barrier: Click here to enter text.

Type of barrier (check all that apply):

- Services and Supports (access, setting, location, quality, gaps or funding)
- Policies and Procedures (system or agency specific)
- Team Meetings Serving Youth and Families (process, protocol or functioning)
- State and Federal Rules (FERPA, HIPAA, mandates, laws or policies)
- Cultural and Linguistic competence
- System Collaboration (lack of coordination or communication between systems or agencies)
- Roles and Responsibilities (who does what)
- Engagement (family, community or child/youth)
- Housing instability
- Transportation/Distance
- Childcare
- Food insecurity
- Other: Click here to enter text.

The barrier is related to the following system (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> I/Developmental Disabilities (I/DD) |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Foster | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Wraparound |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other: Click here to enter text. |

Description of barrier (2 or more sentences):

Click or tap here to enter text.

Recommendation (please include suggestions on how to overcome barrier, if any):

Click or tap here to enter text.

Section 2:

Is the individual affected by the barrier on a wait list? Yes No

What type of waitlist? [Click here to enter text.](#)

What type of insurance does the individual affected by the barrier have?

- UHA-CCO (OHP) Open Card (OHP)
 Other CCO Private insurance
 No insurance Other: [Click here to enter text.](#)

Location or placement of the individual affected by the barrier?

- Home
 Youth Shelter (currently residing in a youth shelter)
 Homeless (currently residing in a campground, vehicle, or friend's couch)
 Foster (currently residing in a foster home)
 Other: [Click here to enter text.](#)

Name of individual submitting form: [Click here to enter text.](#)

If applicable, organization or role: [Click here to enter text.](#)
[Click here to enter text.](#)

Contact Information (phone or email): [Click here to enter text.](#)

Additional information: [Click here to enter text.](#)

Please submit the completed form to SOCBarriers@umpquahealth.com, or in person to: Umpqua Health Alliance Member Services located at 500 SE Cass Avenue, Suite 101 | Roseburg, OR 97470.