INSTRUCTIONS TO DOWNLOAD, SAVE AND FILL OUT FORMS ON IPHONE & IPAD

Steps on how to download, save and fill out the forms on an iPhone or iPad:

1. Click on the download button next to the form that you want to download.

Household	Download Form	🕑 Uplo
r Household	• Download Form	🛈 Uplo

2. The form will open in the mobile browser and needs to be saved to your iCloud. Click the button beneath the form, as shown in the screenshot below, to save the form. On an iPad, that button will be in the right-hand top of the screen.

borre				etor	Na	rd.orę	9	
high at	合 forward			TEL	503.80	Ra 2.8333 FX: 503.8	Portian 02.8589	tance Departme 135 SW Ash Stre 5, OR 97204-35- ITY: 503.802.855
Program	Requirements: tify Home Forwar	Req	uest to a	Add a C	hild gal ad	option, court-a	warded	custody or
Re Instructio	quest Home Forv ns: ease return this fo	ward approval t	o add foster	children to t ed below.	he hou	isehold.		
• AI	adults in the hou	usehold are req	uired to sign	and date al	I forms			
Current A	ddress:				Las	t 4 aigns of a	59N:	
Current P	hone:			Email Ad	dress:			
Name of (Child:			Date of B	irth:			
Child by:	Birth	Adoption	Cus	tody/Guard	ianship	→ □Fo:	ster Pla	cement
Doyou ha	Ive: I Full cust hared custody, is	tody Shar the child in yo	ed custody ur home mor	e than 50%	of the	time?	Yes	No
Race:	U White	Black/Africa	an 🗌 As	sian 🗆	Amer	can Indian/	Na	tive Hawailan
Ethnicity:	Hispanic/La	America	Gender:			Does the cl	۲ hild hav	acific Islander
	Non-Hispan	ic/Non-Latino				disability?	Vee	
Child's In	come: TA	NF Child	1 Support		8	Foster Car	e/Adop	tion Payments
Other (please specify):_	_		_				
	Copy of birth rec Copy of social se document issued Verification of inc Documentation of	ord/birth certific acurity card or d by a federal, s come associate of adoption/fost	cate verification o state, or loca of with child er care, if ap	f name and I governmer verification plicable	SSN b tager of TAM	y Social Secu icy with name IF is not requi	rity Adn and full red)	ninistration, or SSN.
	Copy of birth rec Copy of social se document issued Verification of inc Documentation of Certification of C	ord/birth certific acurity card or d by a federal, s come associate of adoption/fost of custody/guar itizenship State	verification o state, or loca id with child i er care, if ap dianship, if a us form	f name and I governmen verification plicable pplicable	SSN to nt ager of TAM	y Social Secu icy with name IF is not requi	rity Adn and full red)	ninistration, or SSN.
	Copy of birth rec Copy of social se document issued Verification of ino Documentation of Certification of C	ord/birth certific acurity card or if by a federal, a come associate of adoption/fost of custody/guar stranship State Part	verification o tate, or loca id with child i er care, if ap dianship, if a us form icipant (f name and I governmen (verification plicable pplicable Certifica	SSN to nt ager of TAP	y Social Secu icy with name IF is not requi	rity Adn and full red)	ninistration, or SSN.
/we do he true and c reported. requested	Copy of birth rec Copy of social se document issued Verification of inc Documentation of Certification of C Certification of C roby swear and a omplete. Uwe un Uwe understand may be grounds	ord/birth certific acuity card or + 8 by a federal, a come associate of adoption/lost of custody/guar it/izenship State Part attest that all th derstand that i that any misrej for termination	iste verification o itate, or loca d with child i er care, if ap dianship, if a us form icipant (e information forme Forwar ressentation o of assistant	f name and governmen (verification plicable pplicable Certifica reported or of informatic re and is put	SSN to at ager of TAP tion this f d to ve on, or f nishab	y Social Secu cy with name IF is not requi	rity Adn and full red) househ ation th ase infor	ninistration, or SSN. old and me is at Uwe have mation
// Comparison of the second se	Copy of birth rec Copy of social se document issued Verification of ind Documentation o Certification of C Certification of C roby swear and a smplete. Uwe un derstand may be grounds i: Talle 18, Sectio and willingly mak	ord/birth certifik ccurity card or ' i by a federal, a' forme associate of adoption/fost of custody/guar sitizenship State Part Netest that all th derstand that F that any misrore for termination on 1001 of the sing false or fra	verification o tate, or loca d with child er care, if ap dianship, if a s form icipant (e information of assistant United States udulent state	f name and I government verification pilcable pplicable Certifica reported or of is require of informatic to a sequire s Code, stat imments to an	SSN to at agen of TAP tion this f d to ve on, or f nishab es that by depu	y Social Secu cy with name IF is not requi if is not requi and the inform alure to disck le under Fede a person is g artment or age	rity Adn and full red) househ ation th se infor ral law. wity of a macy of t	ninistration, or SSN. Noted and me is at l/we have mation a felony for he United
Uwe do he reported. reported. requested WARNING knowingly States. Signature	Copy of birth rec Copy of birth rec Verification of line Documentation of Certification of C raby swear and a may be grounds i: Tale 18, Secti and willingly mak of Head of House	ord/birth certific iccuitly card or ' by a federal, i come associate of adoption/fost of custody/guar ititzenship State Part attest that all th derstand that i that any misrep for termination on 1001 of the cing false or fra shold	verification or tate, or loca dianship, if a dianship, if a so form icipant (e information forme Forwar versentation of assistant United State: udulent state	f name and I governmen verification pilicable pplicable Certifica reported or d is require of informatic ze and is yea ments to an	SSN L It ager of TAP tion n this f d to ve on, or f nishab es that y deput	y Social Secu cy with name IF is not requi	rity Adn and full red) househ ation th ase infor real law. wilty of a incy of t	inistration, or SSN. Noted and me is at Uwe have mation a felony for he United
Uwe do he true and c reported. requested WARNINC knowingly States. Signature Signature	Copy of birth rec Copy of birth rec Verification of line Documentation of Certification of C Certification of C Proby swear and a Symplete. If we un View understand J View un	ord/birth certific recurity card or to by a federal; by a federal; b come associate of custody/gues litizonship State Part attest that ail th derstand that if the derstand that if that any misrep for termination on 1001 of the shold ad	verification or tate, or loca tate, or loca tate, or loca tate, or loca tate, or loca era loca in tate, if ap dianship, if a us form icipant (<i>e</i> information of assistant United State, udulent state	f name and government (werification pilcable pplicable Certifica reported or of is require of informatitic ce and is pro- s Code, stat imments to ar	tion taget of TAN tion this t d to ve on, or t nishab	y Social Security with name iF is not requi	rity Adn and full red) househ ation this se infor real law. with of a necy of t	inistration, or SSN. Iold and me is at Uwe have mation a felony for he United
I/we do hd true and c reported. requested WARNINC knowingly States. Signature Signature	Copy of birth reo Copy of birth reo Copy of social as document issued Verification of inc Documentation of Certification of C Certification of C Certification of C Mee understand may be grounds in Tâle 18, Secti and willingly mak of Head of House of Spouse/Co-he of Other Adult	ord/birth certific acurity card or to by a federal, by a federal, by a deption/tose of custody/guar titzenship State Part attest that all th destand that all th destand that all th destand that for the tail and that any misrege for terminalous and and ad	sate verification o tate, or loca di with child di with child er care, if ap dianship, if a s form icipant (<i>e</i> information forme Forwar resentation o of assistant United State- udulent state	f name and governmer (werification pilcable pplicable Certifica or properted or of informatic se and is prou- s Code, stat ments to ar	Nome SSN L It agent of TAP Ition In this f d to ve n, or f nishat es that sy deput	y Social Security with name iF is not requi	rity Adn and full red) househ ation tha see infor real law. uitty of a necy of t	inistration, or SSN. Iold and me is at Uwe have mation a felony for he United

3. Save the form to your iCloud drive.



4. Once saved to the iCloud, you may open the form there and fill it out. When you are done filling out the form, click on "Done" and the information you entered will be saved. Your form is now ready for upload.

1:39		
Done	RA-Add-Adult	\bigcirc
		Request to <i>i</i>
Program R New Hor to y Lan to y	Requirements: v participants may reque ne Forward is required to our household. dlords must approve ado our household.	st to add adults to o screen and appro ling the new adult
Instruction Ple Bei you	is : ase return this form with ^f ore the adult moves in, y ir Rent Assistance Servio	the documents lis /ou and the adult t ce Coordinator at I
Head of He	ousehold Name: Nys	
Address: (345 SE Main	

INSTRUCTIONS TO DOWNLOAD, SAVE AND FILL OUT FORMS ON ANDROID

Steps on how to download, save and fill out the forms on an Android device:

1. Click on the download button next to the form that you want to download.

Form Name	Ļ	1 11	
Adding a Child to Your Hous	ehold	Download Form	(O) (
Adding an Adult to Your Hou	sehol	d ③ Download Form	⊙ (
Showing 1 to	o 2 of	2 entries	
Previous	1	Next	
© 2020 - Home F	orwa	rd's Portal	

2. The form will open in the mobile browser and needs to be saved to your "My Drive". Click the button Google Drive icon with plus-sign in the right-hand top of the screen.



3. Save the form to your "My Drive".

1:24 (00.	lte 🖌 🛢 99%
×	Select destination	
2	My Drive	
	Computers	
00	Shared with me	
	Starred	

4. Once saved to "My Drive", you may open the form there and fill it out. When you are done filling out the form, click on "Save" and the information you entered will be saved. Your form is now ready for upload.

←	PM-Add-A-Child.pdf Form Filling	Save	
	~		
	573		
	homeforward		
	Adding a Child to Your Household Property Management Department		
You custo	must report the change in your household within 10 working days of the birth, adop dy of a child.	tion, or court awarded	
Step	<u>1.</u> Tell us who you are:		
Your	Name: John Doe		
Your	Social Security Number: 520123467		
Your	Phone Number: _5038675309		
Step	2. Tell us about the child:		
Nam	e of Child: Date of birth:		
Sex:	Male Female		