

Complete this form if you are applying for family leave to care for and bond with a child after birth. You can also use this form if you are the parent that gave birth and would like to request two additional weeks of family leave. Use this form if you are not submitting the child's birth certificate or documentation issued directly by a health care provider.

**CLAIMANT INFORMATION** *(To be completed by claimant)*

First name:	Last name:
Social Security Number (SSN): _____ or Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): ____ / ____ / _____	

**HEALTH CARE PROVIDER CERTIFICATION** *(To be completed by an authorized health care provider)*

An authorized health care provider must complete and sign this section. Incomplete forms may delay eligibility for benefits for the claimant.

Child's first name:	Child's last name:
Child's date of birth (MM/DD/YYYY): ____ / ____ / _____ or Expected delivery date (MM/DD/YYYY): ____ / ____ / _____	
Claimant's relationship to child: <input type="checkbox"/> Parent that gave birth <input type="checkbox"/> Parent/Guardian that did not give birth	

**HEALTHCARE PROVIDER INFORMATION AND SIGNATURE**

I declare that the information provided in this form is true and correct and that I am a health care provider as defined in OAR 471-070-1000(12).

Signature:	Date (MM/DD/YYYY): ____ / ____ / _____
Name:	Title:
Certificate license number:	State or country:
Phone: (     )     -	Email address:
Business name:	Address:

Provide all required information. Missing information can cause a delay in processing your benefit claim.

Upload this completed form to your Frances Online account at [frances.oregon.gov](http://frances.oregon.gov) once you have filed for benefits or mail this completed form with your Paid Leave Oregon application for benefits to:

**Attn: Paid Leave Oregon  
Oregon Employment Department  
875 Union St NE  
Salem, OR 97311**

## INSTRUCTIONS FOR HEALTH CARE PROVIDERS

The Verification of Birth Form is used to certify the birth of a child to qualify for Paid Leave Oregon.

Please review the information below to make sure you meet the definition of a health care provider before completing the form. Complete the health care provider certification and information and signature sections of this form and return it to the claimant. They will send this form to Paid Leave Oregon with their application for benefits.

### Health care provider definition

OAR 471-070-1000(12) defines a health care provider as either:

1. A person who is primarily responsible for providing health care to the claimant or the family member of the claimant before or during a period of Paid Leave, who is licensed or certified to practice in accordance with the laws of the state or country in which they practice, who is performing within the scope of the person's professional license or certificate, and who is a(n):
  - Chiropractic physician (only to the extent the chiropractic physician provides treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated to exist by X-rays)
  - Dentist
  - Direct entry midwife
  - Naturopath
  - Nurse practitioner
  - Nurse practitioner specializing in nurse-midwifery
  - Optometrist
  - Physician
  - Physician's assistant
  - Psychologist
  - Registered nurse
  - Regulated social worker
2. A person who is primarily responsible for the treatment of the claimant or the family member of the claimant solely through spiritual means before or during a period of Paid Leave, including but not limited to a Christian Science practitioner.

### Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll free). TTY users call 711. You can also send an email to [paidleave@oregon.gov](mailto:paidleave@oregon.gov).