

EL Civics

COAAP #26.3 – Health

Identify and access free or low-cost medical, dental, and other health care services.

Student Activity Packet Level: Beginning High



Name: _____

To the Student:

EL Civics is a program that helps people who are new to the United States. You are going to study some EL Civics lessons. These lessons will help you connect learning English with your life, and the lessons will reflect your experiences as a community member, parent, and participant in the workforce. This student activity packet contains two tasks that you will learn about and practice:

- Task 1: Find information on low-cost health care.
- Task 2: Complete a low-cost medical care application.

After you complete these lessons, you will take a test that will assess your understanding and application of the material.

The test date is: _____.

Task 1: Find information on low-cost health care

Assessment Task: Using a list from your teacher, you will identify three agencies that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. You will complete a chart listing each agency with items such as name, phone number, address, hours, and documentation needed.

Task 1 Handouts Provided

Handout 1: Vocabulary

Handout 2: Discussion/Conversation Questions

Handout 3: Resource Guide

Handout 4: Introduction: Low-Cost/Free Health Care

Handout 5: Activity/Practice 1: Matching

Handout 6: Activity/Practice 2: Fill In


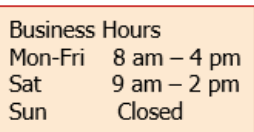


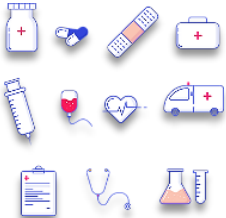


Handout 7: Activity/Practice 3: Chart

Handout 8: Practice Assessment

Task 1 – Handout 1

VOCABULARY: Health Care

Directions: Read and say each word. Copy it. Look at the picture.

Words	Copy the words below	Image/Definition
1. appointment	_____	 <p>an agreement to meet with someone at a certain time</p>
2. hours	_____	 <p>the time when a business is open</p>
3. hospital	_____	 <p>a place where sick or injured people are given care and where children are often born</p>
4. clinic	_____	<p>a place you go to for basic health care needs</p> 
5. medical	_____	 <p>relating to medicine</p>
6. dental	_____	<p>relating to teeth</p> 
7. documentation	_____	<p>the documents or records that are used to prove something or make something official</p> 

Task 1 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Health Care

Directions: Ask and answer the following questions with a partner. Use the box on the bottom of the page to help you.

1. Are you healthy?
2. Do you eat healthy food?
3. Do you exercise regularly?
4. Do you have allergies?
5. Do you go to the doctor regularly?
6. Do you go to the dentist regularly?
7. Do you know where the nearest hospital is?

Questions	Answers
1. Are you healthy?	Yes, I am. <i>or</i> No, I'm not.
2. Do you go to the doctor regularly?	Yes, I do. <i>or</i> No, I don't.
3. Do you go to the dentist regularly?	Yes, I do. <i>or</i> No, I don't.

Task 1 – Handout 3

RESOURCE GUIDE: Low-Cost/Free Health Care

Specialty	Locations
<p>Primary or General Health Services</p>	<p><u>Lestonnac FREE Clinic</u> 1215 E. Chapman Ave., Orange, CA 92866 (714) 633-4600</p> <p><u>La Amistad Health Center</u> 725 W. La Veta Ave. Suite 260 Orange, CA 92868 (714) 771-8006</p> <p><u>Nhan Hoa Health Center</u> 7761 Garden Grove Blvd. Garden Grove, CA 92841 (714) 898-8888</p> <p><u>Serve the People – Community Health Center</u> 1206 E. 17th St., Suite 101 Santa Ana, CA 92701 (714) 352-2911</p> <p><u>UCI Family Health Center Santa Ana</u> 800 N. Main Street, Santa Ana, CA 92701 (657) 282-6355</p>
<p>Children’s Health Services</p>	<p><u>Clinica CHOC Para Niños</u> 406 S. Main St., Santa Ana, CA 92701 (888) 457-1362</p> <p><u>Families Together of Orange County</u> 661 W. Tustin St., Tustin, CA 92780 (800) 597-7977</p>
<p>Dental Health Services</p>	<p><u>Nhan Hoa Health Center</u> 7761 Garden Grove Blvd., Garden Grove, CA 92841 (714) 898-8888</p> <p><u>Southland Integrated Services– Dental Services</u> 9862 Chapman Ave., Garden Grove, CA 92841 (714) 620-7000</p>

Task 1 – Handout 3, cont.

Specialty	Locations
<p>Women’s Health Services</p>	<p><u>MOMS Orange County</u> 1128 W. Santa Ana Blvd., Santa Ana, CA 92703 (714) 972-2610</p> <p><u>Breast/Cervical Cancer Early Detection Program</u> (800) 511-2300</p> <p>Planned Parenthood</p> <ul style="list-style-type: none"> • <u>Orange Health Center</u> 700 S. Tustin St., Orange, CA 92866 (714) 922-4100 • <u>Santa Ana Health Center</u> 1421 E. 17th St., Santa Ana, CA 92705 (714) 922-4100 • <u>Anaheim Health Center</u> 303 W. Lincoln Ave. #105, Anaheim, CA 92805 (714) 922-4100
<p>Mental Health Services</p>	<p><u>OC Health Care Agency Mental Health and Recovery Services</u></p> <p><u>NAMI Orange County</u> 1810 East 17th St., Santa Ana, CA 92705 714-544-8488</p> <p><u>UCI Family Health Center Santa Ana</u> 800 N. Main Street, Santa Ana, CA 92701 (657) 282-6355</p> <p><u>2-1-1 Orange County</u> Call 2-1-1 for information on any mental health services</p>

Task 1 – Handout 4

INTRODUCTION: Low-Cost/Free Health Care

Extra help for you and your family may be available. Here are some programs that you may qualify for:

CalFresh A program that helps people pay for food. Benefits are renewed monthly on a debit card that can be used to buy most foods at many markets and stores. It is also known as the Supplemental Nutrition Assistance Program (SNAP). Visit www.calfresh.ca.gov for more information.

CalWORKs A program that gives cash assistance and support services to low-income families with children to help pay for housing, food, and other necessary expenses.

You may also find more information about these programs online:

Access for Infants and Mothers (AIM): A program that helps pregnant women get health care
aim.ca.gov

Child Health and Disability Prevention (CHDP): A preventive program that delivers periodic health assessments and services to low-income children
www.dhcs.ca.gov/services/chdp

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A Medi-Cal program for children and young adults under the age of 21—it allows for regular checkups to identify health care needs, followed by diagnosis and treatment when necessary www.dhcs.ca.gov/services/Pages/EPSDT.aspx

Family Planning, Access, Care, Treatment (Family PACT): A program that provides no-cost family planning services to low-income men and women, including teens familypact.org

In-Home Supportive Services Program (IHSS): A program that will help pay for services provided to you so that you can remain safely in your own home www.cdss.ca.gov/agedblinddisabled/pg1296.htm

Women, Infants, and Children (WIC): A nutrition program for pregnant women, new mothers, and children under the age of 5
www.wicworks.ca.gov

Task 1 – Handout 5

ACTIVITY/PRACTICE 1: Matching

Directions: Draw lines to match the words to the information.

Name	(800) 511-2300
Documentation Needed	Mon-Fri 9:00-5:00
Phone number	Picture ID
Address	UC Irvine Family Health Center
Hours	7761 Garden Grove Blvd., Garden Grove, CA 92841

Documentation is often needed for health care services:

1. Picture ID



2. Insurance Card



Task 1 – Handout 6

ACTIVITY/PRACTICE 2: Fill In

Directions: Write the information in the box on the correct line.

Part A.

(800) 914-4887

1725 W. 17th St., Santa Ana, CA 92706

Picture ID

M-F 8:00 a.m. – 6:00 p.m.

Orange County Health Care Agency Children's Clinic

1. Name: _____

2. Address: _____

3. Phone number: _____

4. Hours: _____

5. Documentation needed: _____

Part B.

725 W. La Veta Ave. Suite 260, Orange, CA 92868

Mon-Fri 7:30-5:30; Sat 8:00-4:00

(714) 771-8006

La Amistad Family Health Center

Insurance Card

1. Name: _____

2. Address: _____

3. Phone number: _____

4. Hours: _____

5. Documentation needed: _____

Task 1 – Handout 7

ACTIVITY/PRACTICE 3: Chart

Directions: Read the information about the dental clinic. Fill in the chart below.

West Coast University
Founded 1909
FREE Dental Hygiene Services
for the Community!

**Dental
Hygiene
Clinic**

To schedule an appointment:
 Call now, 877-928-2546 (Bring a Picture ID)
WCU Dental Hygiene Clinic is open:
 Mon-Thur 7:00am-8:30pm Fri 7:00am-5:00 pm
 The clinic is closed when the University is not in session and on all major holidays.
WCU Dental Hygiene Clinic is located:
 4th floor of the Orange County campus
 1477 South Manchester Ave, Anaheim, CA 92802
Please bring a Picture ID

1. Name	
2. Address	
3. Phone number	
4. Hours	
5. Documentation Needed	

This page intentionally left blank.

Task 1 – Handout 8 (2 pages)

PRACTICE ASSESSMENT: Low Cost/Free Health Care

Directions: Look at the flyers. Fill in the chart on the next page.

#1
MOMS Orange County



1128 W. Santa Ana Blvd.
Santa Ana, CA 92703
Tel. (714) 972-2610
Email: info@momsorangecounty.org

MOMS Orange County is a nonprofit dedicated solely to newborn and pregnancy health.

Documentation needed: Picture ID

Office Hours
M-F 9 a.m. to 5 p.m.
Closed Weekends

#2
**Southland Integrated Services--
Dental Services**

9862 Chapman Ave.
Garden Grove, CA 92841
(714) 620-7001
info@southlandintegrated.org

Hours
Mon-Fri 8:00AM – 5:00PM



Southland's dental clinic provides quality care to children and adults.

Required: Insurance Card

Task 1 – Handout 8, cont.

Directions: Fill in the chart with the correct information. Write neatly.

	#1	#2
Name		
Address		
Phone Number		
Hours		
Documentation Needed		

Task 2: Complete a low-cost medical care application.

Assessment Task: Given the personal history and information of another person, you will fill out an authentic low-cost medical care application. The application will have sixteen highlighted sections that you will need to fill out.



Task 2 Handouts Provided

Handout 1: Vocabulary

Handout 2: Discussion/Conversation Questions

Handout 3: Activity/Practice 1: Picture Story

Handout 4: Introduction: Applying for Health Insurance

Handout 5: Activity/Practice 2: Application Information







Handout 6: Activity/Practice 3: Partner Practice

Handout 7: Practice Assessment

Task 2 – Handout 1

VOCABULARY: Medical Care Application

Directions: Read and say each word. Copy it. Look at the picture.

Words	Copy the words below.	Image/Definition								
1. application	_____	 <p>a written request for something (a job, insurance, etc.)</p>								
2. health insurance	_____	<p>a program where you pay each month and then the program pays for your health care</p> 								
3. marital status	_____	<table border="1" data-bbox="1047 833 1203 987"> <tr> <td><input checked="" type="checkbox"/></td> <td>single</td> </tr> <tr> <td><input type="checkbox"/></td> <td>married</td> </tr> <tr> <td><input type="checkbox"/></td> <td>divorced</td> </tr> <tr> <td><input type="checkbox"/></td> <td>widowed</td> </tr> </table> <p>the state of being married or not married</p>	<input checked="" type="checkbox"/>	single	<input type="checkbox"/>	married	<input type="checkbox"/>	divorced	<input type="checkbox"/>	widowed
<input checked="" type="checkbox"/>	single									
<input type="checkbox"/>	married									
<input type="checkbox"/>	divorced									
<input type="checkbox"/>	widowed									
4. widowed	_____	 <p>used to describe a woman or man whose spouse has died</p>								
5. coverage	_____	 <p>the financial protection that is provided by an insurance policy</p>								
6. submit	_____	<p>to give a document to someone so that it can be considered or approved</p> 								
7. qualify	_____	<p>Passed <input checked="" type="checkbox"/></p> <p>Failed <input type="checkbox"/></p> <p>to have the right to do, have, or be a part of something</p>								
8. Social Security number (SSN)	_____	<p>a nine-digit number given to U.S. citizens, permanent residents, and temporary residents</p> 								

Task 2 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Medical Care Application

Directions: Ask and answer the following questions with a partner. Use the box on the bottom of the page to help you.

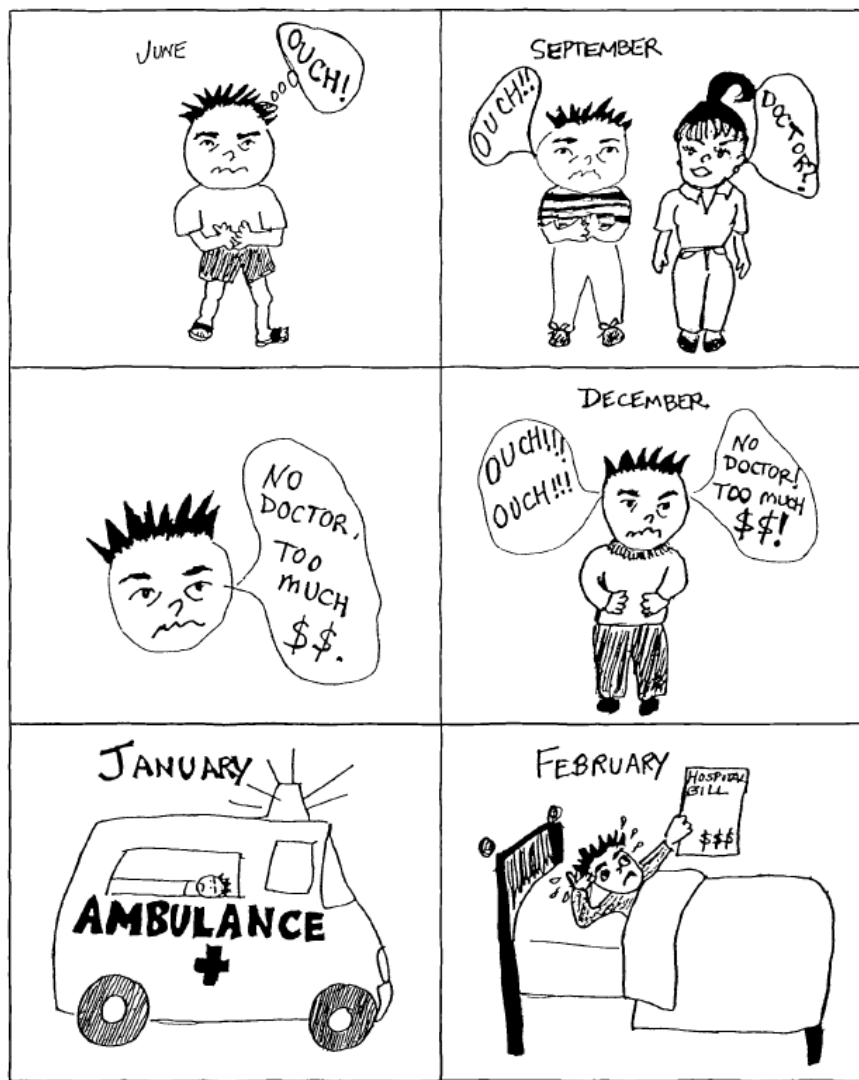
1. What are the health services like in your country?
2. What do you think of the health services in this country?
3. Do you know how to fill out an application?
4. Do you know how to apply for health insurance?
5. Do you have any questions about health services and health insurance in the U.S.? Write them down here and discuss with your class.

Questions	Answers
1. Do you know how to fill out an application?	Yes, I do. <i>or</i> No, I don't.
2. Do you know how to apply for health insurance?	Yes, I do. <i>or</i> No, I don't.
3. What do you think of the health services in this country?	I think _____.

Task 2 – Handout 3

ACTIVITY/PRACTICE 1: Picture Story

Directions: Look at the pictures below. Talk about what you see with your teacher or a partner. Then answer the questions below.



Copyright 2001 Kate Singleton

http://www.cal.org/caela/esl_resources/Health/#Doctor

1. Can the man do anything different in June so he will not have a big problem in January?
2. Can he go somewhere else to see a doctor?
3. Can he get health insurance?

Task 2 – Handout 4

Introduction: Applying for Health Insurance

Having health insurance in the United States is important because:

- it will protect you and your family from high medical bills and debt.
- it can help you and your family stay healthy.

If you don't have health insurance, there may be a low-cost or free clinic near your home. Look at the list of health care services on page 5 of this packet. Find the phone number of a clinic near your house and call to see if you can get help there. Sometimes you need to wait a few weeks for your first appointment because the clinics are busy.

The best way to pay for health care is to have health insurance.

You can apply through Covered California at CoveredCA.com

Or call: 1-800-300-1506



Covered California is the place where individuals and families can get low-cost health insurance in California. With just one application, you'll find out if you qualify for free or low-cost health insurance.

Option 1: Medi-Cal Program

This is a state-run program for low-income individuals and families. If you qualify (your income is below a certain level), you will get free health insurance.

Option 2: Covered California

This is an online marketplace where you can buy private insurance. Financial help is available to many middle and lower income individuals.

Income: money that is earned from work
 You may need to have information about your income to apply for health insurance.

Pay stub:

SEQ: 18315		COMPANY, INC. STREET NAME, CITY, STATE 12345		EARNINGS STATEMENT		
EMPLOYEE NAME/ADDRESS	SSN	EMP. ID	PAY PERIOD	PAY DATE		
JOHN ADAMS STREET NAME, CITY, STATE 12345	XXX-XX-5878	1234	05/01/2018 TO 05/07/2018	05/08/2018		
INCOME	DATE	HRS	CURRENT PAY	DEDUCTIONS	TOTAL TAX	YTD TOTAL
GROSS EARNINGS	20.00	40.00	800.00	FEDERAL TAX 83.50 STATE TAX 38.23 FICA - SOCIAL SECURITY 48.00 FICA - MEDICARE 11.80	150.53 745.27 342.40 291.41	1588.50

Federal tax info:

W-4 Employee's Withholding Allowance Certificate (OMB No. 1545-0047) **2018**

1. Your first name and maiden name: Smith
 2. Your social security number: XXX-XX-XXXX
 3. Home address (number and street or rural route), city or town, state, and ZIP code: [] Single [] Married, but without an eligible spouse. [] Married, but with an eligible spouse. [] Head of household. [] Married, but without an eligible spouse. [] If your last name differs from that shown on your social security card, check here. You must call 800-772-6213 for a replacement card. []
 4. Total number of allowances you're claiming from the applicable worksheet on the following page(s): [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] 9 [] 10 [] 11 [] 12
 5. Additional amount, if any, you want withheld from each paycheck: [] \$ []
 6. I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption:
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here. [] []
 Under penalty of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.
Employee's signature: []
 (This form is not valid unless you sign it.)
 7. Employer's name and address (Department, Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Director of Tax Services): []
 8. First date of employment: []
 9. Employer identification number (EIN): []

Task 2 – Handout 5

ACTIVITY/PRACTICE 2: Application Information

Directions: Look at the personal information about Linh.

First name	Linh	
Middle name	Thi	
Last name	Lam	
Date of birth	August 14, 1979	
Marital status	Married	
Home address	1764 Batavia St.	
Apartment #	16	
City	Orange	
State	CA	
Zip code	92868	
County	Orange	
Mailing address	Same as home address	
Cell phone	714-657-3489	
Work phone	714-221-8974	
Email address	linh_lam@gmail.com	
Language	English	
Social Security number	078-42-1182	

Now answer the following questions:

1. What is the person’s full name? _____
2. What is her home address? _____
3. What is her mailing address? _____
4. What is her date of birth? _____
5. What is her marital status? _____
6. What apartment does she live in? _____
7. What county does she live in? _____
8. What is her cell phone number? _____
9. What is her work phone number? _____
10. What is her email address? _____
11. What is her SSN? _____

Task 2 – Handout 6

ACTIVITY/PRACTICE 3: Partner Practice


For this activity, you will need to work with a partner. One of you will be Student A and the other will be Student B. Follow the directions carefully.

STUDENT A

Directions for Student A: Ask your partner questions about Jim Jackson. Do not look at the next page! Fill out the chart.

First name	
Last name	
Marital status	
Home address	
Apartment #	
City	
State	
Zip code	
Cell phone number	
Social Security number	

 Directions for Student A: Listen. Your partner will now ask you questions about Maria Lopez. Look at the information below and answer the questions.


	<p>Maria Lopez lives in Santa Ana, CA. She is divorced. Her address is 1816 Main Street. Her zip code is 92703. She lives in apartment #38. Her cell phone number is 714-348-7847. Her SSN is 714-45-8927.</p>
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Task 2 – Handout 6 (cont.)

ACTIVITY/PRACTICE 3: Partner Practice

STUDENT B

Directions for Student B: Listen. Your partner will ask you questions about Jim Jackson. Look at the information below and answer the questions.

<p>Jim Jackson lives in Orange, CA. He is single. His cell phone number is 714-980-5429. His address is 7341 Chapman Ave. He lives in apartment #14. His zip code is 92868. His SSN is 728-18-3286.</p>	
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Directions for Student B: Now it's your turn to ask your partner questions about Maria Lopez. Do not look at the previous page! Fill out the chart.

First name	
Last name	
Marital status	
Home address	
Apartment #	
City	
State	
Zip code	
Cell phone number	
Social Security number	

Task 2 – Handout 7 (2 pages)

PRACTICE ASSESSMENT: Medical Care Application

Directions: Use the information in the story to fill out the low-cost medical application on this page and the next page. There are **sixteen** pieces of missing information. Fill in the information under the highlighted items. Be sure to write neatly.

Scenario:

Ana Luisa Martinez lives at 1855 Orangewood Ave., Apartment 21, Orange, California, 92868. She lives in the county of Orange. She is widowed, and her date of birth is 11/18/1970. Her mailing address is the same as her home address. Her cell phone number is (714) 622-5864, her work phone is (714) 187-9943, and her email address is anamartinez@gmail.com. Her Social Security number is 706-26-3446.

Step 1:				Tell us about the adult who will be our main contact for this application			
First name		Middle name		Last name		Suffix (examples: Sr., Jr., III, IV) N/A	
Home Address						Apartment #	
City (home address)			State	Zip Code	County		
<input type="checkbox"/> Check here if you do not have a home address. You must give us a mailing address below.							
<input checked="" type="checkbox"/> Check here if your mailing address is the same as your home address. If it is not the same, you must give us your mailing address below:							
Mailing Address or P.O. Box (if different from home address)						Apartment #	
N/A							
City (home address)			State	Zip Code	County		
Best phone number to reach you				Other phone number			
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Work				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work			
Number: () -				Number: () -			
What language should be write to you in?				What language do you want us to speak to you in?			
English				English			
How would you like to get information about this application?							
<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Email							
Email address: _____							

Task 2 – Handout 7 (cont.)

PRACTICE ASSESSMENT: Medical Care Application

Person 1 Tell us about yourself				
First name	Middle name	Last name	Suffix (examples: Sr., Jr., III, IV)	Relationship to you
Ana	Luisa	Martinez	N/A	Self
Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you: <input type="checkbox"/> Single <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Registered domestic partner <input type="checkbox"/> Widowed		
Date of birth (month/day/year)		Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many babies are expected? _____ What is the expected delivery date? _____		
Applying for health insurance <i>Even if you have insurance now, you might find better coverage or lower costs.</i>				
Are you applying for health insurance for yourself? <input checked="" type="checkbox"/> Yes. If yes, answer the questions below and complete pages 4 and 5. <input type="checkbox"/> No. If you are not applying for yourself, but are applying for a dependent, be sure to fill in page 5. <input type="checkbox"/> No. If you are not applying for yourself or a dependent, go to page 6.				
Social Security Number ____ - ____ - _____		If you do not have an SSN, what is the reason? <input type="checkbox"/> Adoption Taxpayer Identification Number (ATIN) _____ <input type="checkbox"/> Individual Taxpayer Identification Number (ATIN) _____ <input type="checkbox"/> Religious exemption <input type="checkbox"/> I do not qualify for an SSN		