

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 Low



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, and hours.

Task 1 Handouts Provided

Handout 1: Vocabulary

Handout 2: Discussion/Conversation Questions

Handout 3: Resource Guide

Handout 4: Activity/Practice 1: Information Match

Handout 5: Activity/Practice 2: Fill In



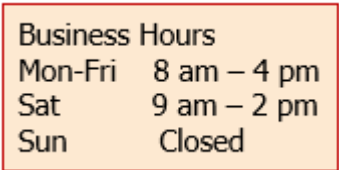




Handout 6: Activity/Practice 3: Independent Practice

Handout 7: 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	Image
1. address	_____	
2. phone number	_____	
3. hours	_____	
4. hospital	_____	
5. clinic	_____	
6. medical	_____	
7. dental	_____	

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
Primary or General Health Services	<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>
Children’s Health Services	<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>
Dental Health Services	<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

ACTIVITY/PRACTICE 1: Information Match

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

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

Now practice with a partner:

1. What's the name?
2. What's the address?
3. What's the phone number?
4. What are the hours?

Task 1 – Handout 5

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

Orange County Health Care Agency Children's Clinic

8:00 a.m. – 6:00 p.m.

1. Name: _____

2. Address: _____

3. Phone number: _____

4. Hours: _____

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

1. Name: _____

2. Address: _____

3. Phone number: _____

4. Hours: _____

Task 1 – Handout 6

ACTIVITY/PRACTICE 3: Independent Practice

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
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

1. Name	
2. Address	
3. Phone number	
4. Hours	

Task 1 – Handout 7 (2 pages)

PRACTICE ASSESSMENT: Low Cost/Free Health Care

Directions: Look at the flyers. Fill in the chart on the next page with the correct information. Write neatly.

#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.

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 serves children and adults. The clinic provides comprehensive exams, diagnosis, and treatment plans.

Task 1 – Handout 7, cont.

PRACTICE ASSESSMENT: Low Cost/Free Health Care

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

	#1	#2
Name		
Address		
Phone Number		
Hours		

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 eight 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: What's the Problem?
- Handout 4: Introduction: Applying for Health Insurance
- Handout 5: Activity/Practice 2: Personal 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	Image						
1. application	_____							
2. first name	_____	<table border="1" data-bbox="1052 636 1458 722"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
3. middle name	_____	<table border="1" data-bbox="1052 764 1458 850"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
4. last name	_____	<table border="1" data-bbox="1052 909 1458 995"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
5. home address	_____	 <p>2045 Main St.</p>						
6. mailing address	_____	<p>2045 Main St. OR PO Box 123</p> 						
7. zip code	_____	<p>8045 E. Chapman Ave. Orange, CA 92869</p>						
8. health insurance	_____	 <p>Photo Marco Verch and CC License</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.

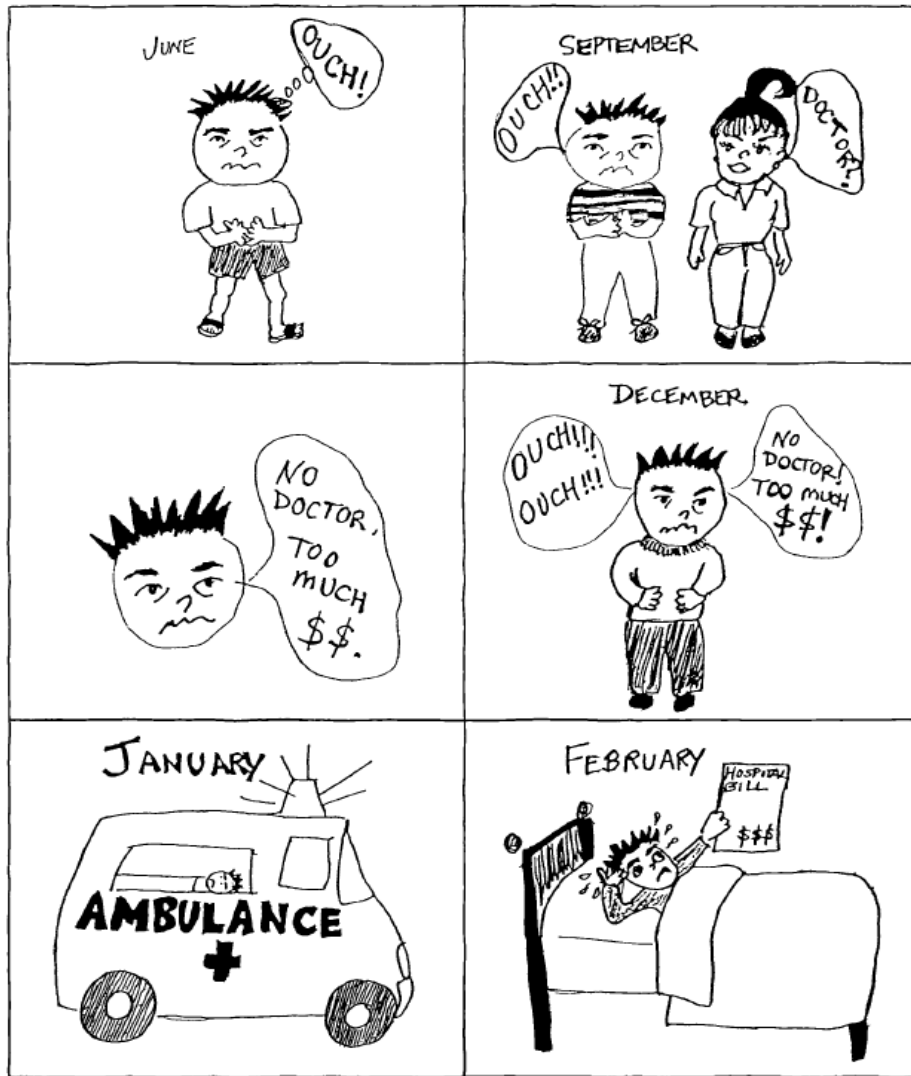
1. What is your first name?
2. What is your last name?
3. Do you have a middle name?
4. What is your home address?
5. Is your mailing address the same as your home address? If not, what is it?
6. What is your zip code?
7. What is your cell phone number?
8. Do you have an email address?
9. Do you know how to fill out an application?

Questions	Answers
1. Do you have a middle name?	Yes, I do. <i>or</i> No, I don't.
2. What is your home address?	It is _____.
3. Is your mailing address the same as your home address?	Yes, it is. <i>or</i> No, it isn't.

Task 2 – Handout 3

ACTIVITY/PRACTICE 1: What's the Problem?

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:

EMPLOYEE NAME/ADDRESS		SSN	EMP. ID	PAY PERIOD	PAY DATE	
JOHN ADAMS STREET NAME, CITY, STATE 12345		XXX-XX-6678	1234	05/01/2018 TO 05/07/2018	05/08/2018	
INCOME	RATE	HRS	CURRENT PAY	DEDUCTIONS	TOTAL TAX	YTD TOTAL
GROSS EARNINGS	20.00	40.00	800.00	FEDERAL TAX STATE TAX FICA - SOCIAL SECURITY FICA - MEDICARE	83.50 38.23 48.80 11.81	1586.50 745.37 842.43 2971.11

Federal tax info:

W-4 Employee's Withholding Allowance Certificate

Form 1041-SS 2018

1. Your first name and middle initial: _____ Last name: _____ 2. Your social security number: XXX-XX-XXXX

3. Home address number and street or rural route: _____ 4. If your last name differs from that shown on your social security card, check box. You must call 800-798-5273 for a replacement card. 5. Total number of allowances you're claiming from the appropriate worksheet on the following pages: [1] 6. Additional amount, if any, you want withheld from each paycheck: _____ 7. 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 penalties 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: _____ Date: _____
 (This form is not valid unless you sign it.)


8. Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 8, and 10 if sending to State Director of New Items.) _____ 9. First date of employment: _____ 10. Employer identification number (EIN): _____

*low-income: small salary or pay; little money

Task 2 – Handout 5

ACTIVITY/PRACTICE 2: Personal Information

Directions: Look at the personal information about Linh.

First name	Linh	
Middle name	Thi	
Last name	Lam	
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	

Now answer the following questions:

1. What is the person’s name? _____
2. What is her home address? _____
3. What is her mailing address? _____
4. What is her zip code? _____
5. What city does she live in? _____
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? _____

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	
Home address	
Apartment #	
City	
State	
Zip code	
Cell phone 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. Her address is 1816 Main Street. Her zip code is 92703. She lives in apartment #38. Her cell phone number is 714-348-7847.</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. His cell phone number is 714-980-5429. His address is 7341 Chapman Ave. He lives in apartment #14. His zip code is 92868.</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	
Home address	
Apartment #	
City	
State	
Zip code	
Cell phone number	

Task 2 – Handout 7

PRACTICE ASSESSMENT: Medical Care Application

Directions: Use the information from the story to fill out the low-cost medical application. There are **eight** pieces of missing information. Be sure to write neatly.

Ana Luisa Martinez lives at 1855 Orangewood Ave., Apartment 21, Orange, California, 92868. She lives in the county of Orange. 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.

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)	
	Luisa		N/A	
Home Address				Apartment #
1855 Orangewood Ave.				21
City (home address)		State	Zip Code	County
		CA		
<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 <u>you</u>			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: _____				