

**EL Civics Objective 26.3 – Health**  
**Level: Beginning Low BL**

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



# **Teacher Guide & Answer Key**

## **Tasks 1 & 2 – Beginning Low**

**For instructors only**



**Please do not reproduce or distribute to students**

## EL Civics Objective 26.3 - Health Level: Beginning Low BL



### Task 1: Find information on low-cost health care

#### CIVIC OBJECTIVE

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

#### LANGUAGE & LITERACY OBJECTIVE

In this lesson, students will learn to:

2. Identify low-cost health care or health care services (e.g., substance abuse, etc.) in the community.
6. Ask/answer simple questions about services and hours of local health agencies.

#### ASSESSMENT TASK – 8 points possible

Using sources such as the internet or teacher generated list, etc., student will identify a level-appropriate number of agencies (BL=3) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Student will complete a chart listing each agency with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.

#### COR CONTENT REPRESENTED

- key words & phrases in oral communication
- simple questions
- vocabulary in context
- basic information
- basic needs
- skimming and scanning strategies
- yes, no, and “wh” questions


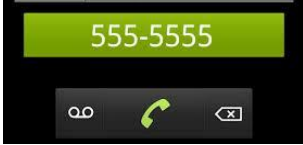
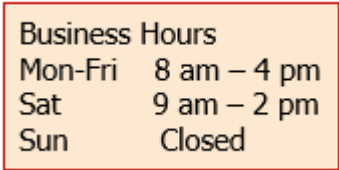

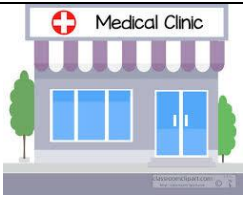


#### HANDOUTS PROVIDED

- 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?

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

Task 1 – Handout 3, cont.

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

The diagram consists of a rectangular box containing four labels on the left side and four pieces of information on the right side. Lines connect the labels to the information as follows:

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

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. 17 <sup>th</sup> St., Santa Ana, CA 92706
Orange County Health Care Agency Children’s Clinic	8:00 a.m. – 6:00 p.m.

1. Name: Orange County Health Care Agency Children’s Clinic
2. Address: 1725 W. 17<sup>th</sup> St., Santa Ana, CA 92706
3. Phone number: (800) 914-4887
4. Hours: 8:00 a.m. – 6:00 p.m.

**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: La Amistad Family Health Center
2. Address: 725 W. La Veta Ave. Suite 260, Orange, CA 92868
3. Phone number: (714) 771-8006
4. Hours: Mon-Fri 7:30-5:30; Sat 8:00-4:00

Task 1 – Handout 6

**ACTIVITY/PRACTICE 3: Free Health Care**

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

<b>1. Name</b>	West Coast University Dental Hygiene Clinic
<b>2. Address</b>	1477 South Manchester Ave, Anaheim, CA 92802
<b>3. Phone number</b>	877-928-2546
<b>4. Hours</b>	Mon-Thur 7:00am-8:30pm; Fri 7:00am-5:00pm

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](mailto:info@momsorangecounty.org)

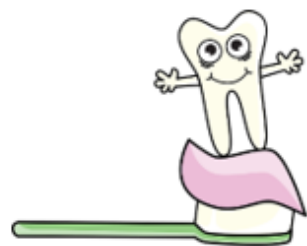
*MOMS Orange County is a nonprofit dedicated solely to newborn and pregnancy health.*

**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](mailto: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	MOMS Orange County	Southland Integrated Services (Dental Services)
Address	1128 W. Santa Ana Blvd. Santa Ana, CA 92703	9862 Chapman Ave., Suite B Garden Grove, CA 92841
Phone Number	(714) 972-2610	(714) 620-7001
Hours	M-F 8:30 a.m. to 5 p.m.	Mon-Fri 7:00AM - 7:00PM Sat 8:00AM - 5:00PM

**EL Civics Objective 26.3 - Health  
Level: Beginning Low BL**



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

**CIVIC OBJECTIVE**

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

**LANGUAGE & LITERACY OBJECTIVES**

In this lesson, students will learn to:

- 7. Complete an application for low-cost health services.

**ASSESSMENT TASK – 10 points possible**

Given a level-appropriate agency-created personal history, student will fill out an authentic low-cost medical care application with a reduced number of sections that student needs to complete.

**COR CONTENT REPRESENTED**

- fill out basic forms
- vocabulary in context
- basic information
- basic needs
- specific information
- features of text (titles, charts)
- terms on simplified forms
- yes, no, and “wh” questions





**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"> <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"> <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"> <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><a href="#">Photo Marco Verch</a> and <a href="#">CC License</a></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.

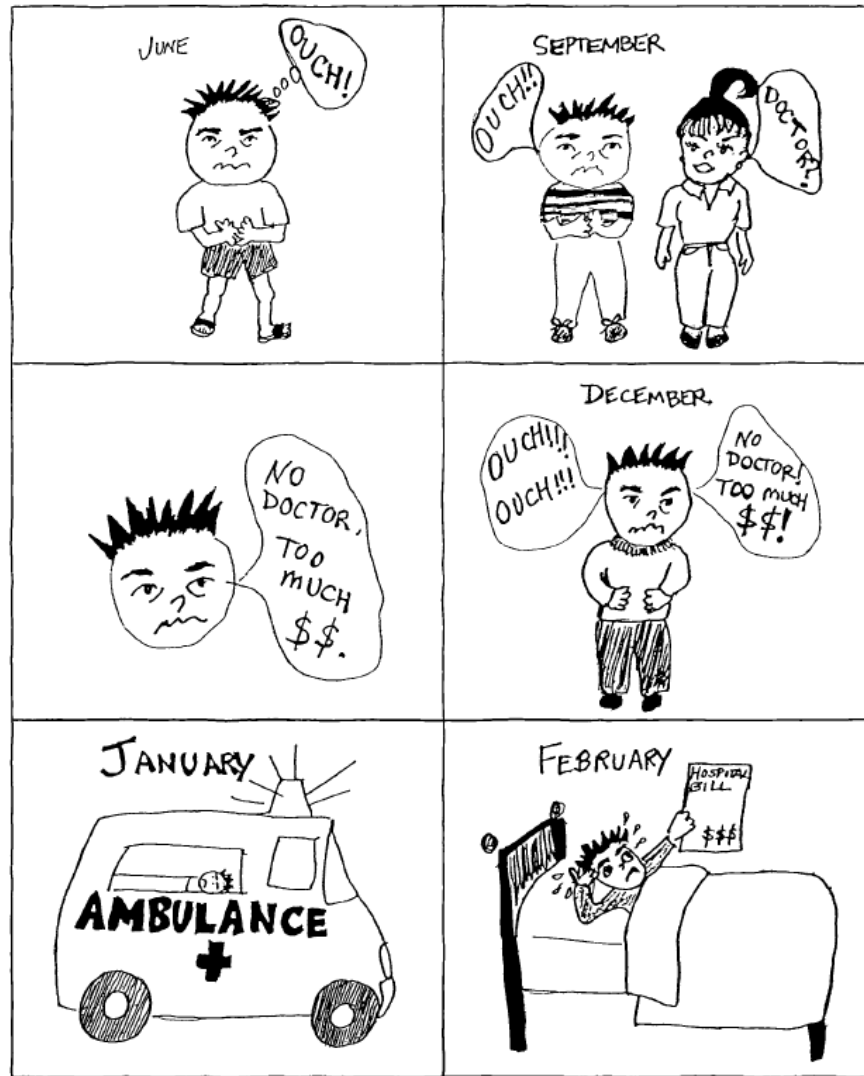
1. What is your first name?
2. What is your last name?
3. Do you have a middle name?
4. What is your home address?
5. Is your mailing address the same as your home address? If not, what is it?
6. What is your zip code?
7. What is your cell phone number?
8. Do you have an email address?
9. Do you know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

<b>Questions</b>	<b>Answers</b>
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](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?  
Possible answer: He could go to a medical clinic.
2. Can he go somewhere else to see a doctor?  
Possible answer: He could go to a low-cost or free medical clinic.
3. Can he get health insurance?  
Possible answer: Yes, he can apply for health insurance. He may qualify for free 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](http://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 05/01/2018	05/08/2018	
INCOME	DATE	HRS	CURRENT PAY	DEDUCTIONS	TOTAL TAX
GROSS EARNINGS	20.00	40.00	800.00	FEDERAL TAX STATE TAX FICA - SOCIAL SECURITY FICA - MEDICARE	83.50 38.23 48.50 11.81
					1588.50 745.27 942.40 221.41

*Federal tax info:*


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

1. Your full legal name (last, first, and middle initial) \_\_\_\_\_  
 2. Your social security number \_\_\_\_\_  
 3. Your address (number and street or rural route, city or town, state, and ZIP code) \_\_\_\_\_  
 4. 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.  **5** \_\_\_\_\_  
 6. Total number of allowances you're claiming from the applicable worksheet on the following page(s) \_\_\_\_\_ **5** \_\_\_\_\_  
 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.  **7** \_\_\_\_\_  
 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 \_\_\_\_\_ Date: \_\_\_\_\_  
 Employer's name and address (Department, Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 8, and 10 if sending to State Director of Tax Services) \_\_\_\_\_ First date of employment \_\_\_\_\_ No. Employee identification number (EIN) \_\_\_\_\_

## Task 2 – Handout 5

**ACTIVITY/PRACTICE 2: Personal Information**

Directions: Look at the personal information about Linh.

<b>First name</b>	Linh	
<b>Middle name</b>	Thi	
<b>Last name</b>	Lam	
<b>Home address</b>	1764 Batavia St.	
<b>Apartment #</b>	16	
<b>City</b>	Orange	
<b>State</b>	CA	
<b>Zip code</b>	92868	
<b>County</b>	Orange	
<b>Mailing address</b>	Same as home address	
<b>Cell phone</b>	714-657-3489	
<b>Work phone</b>	714-221-8974	
<b>Email address</b>	linh_lam@gmail.com	
<b>Language</b>	English	

Now answer the following questions:

1. What is the person's name? **Linh Thi Lam**
2. What is her home address? **1764 Batavia St.**
3. What is her mailing address? **Same as home address**
4. What is her zip code? **92868**
5. What city does she live in? **Orange**
6. What apartment does she live in? **16**
7. What county does she live in? **Orange**
8. What is her cell phone number? **714-657-3489**
9. What is her work phone number? **714-221-8974**
10. What is her email address? **linh\_lam@gmail.com**

## 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.

<b>First name</b>	Jim
<b>Last name</b>	Jackson
<b>Home address</b>	7341 Chapman Ave.
<b>Apartment #</b>	14
<b>City</b>	Orange
<b>State</b>	CA
<b>Zip code</b>	92868
<b>Cell phone number</b>	714-980-5429

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>
---	---

## 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.

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.



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.

<b>First name</b>	Maria
<b>Last name</b>	Lopez
<b>Home address</b>	1816 Main Street
<b>Apartment #</b>	38
<b>City</b>	Santa Ana
<b>State</b>	CA
<b>Zip code</b>	92703
<b>Cell phone number</b>	714-348-7847

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.

<b>Step 1:</b>		<b>Tell us about the adult who will be our main contact for this application</b>		
<b>First name</b>	<b>Middle name</b>	<b>Last name</b>	<b>Suffix (examples: Sr., Jr., III, IV)</b>	
<b>Ana</b>	Luisa	<b>Martinez</b>	N/A	
<b>Home Address</b>				<b>Apartment #</b>
1855 Orangewood Ave.				21
<b>City (home address)</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	
<b>Orange</b>	CA	<b>92868</b>	<b>Orange</b>	
<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. <b>If it is not the same, you must give us your mailing address below:</b>				
<b>Mailing Address or P.O. Box (if different from home address)</b>				<b>Apartment #</b>
N/A				
<b>City (home address)</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Best phone number to reach you</b>		<b>Other phone number</b>		
<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		
<b>Number: ( 714 ) 622 - 5864</b>		<b>Number: ( 714 ) 187 - 9943</b>		
<b>What language should be write to you in?</b>		<b>What language do you want us to speak to you in?</b>		
English		English		
<b>How would you like to get information about this application?</b>				
<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Email				
<b>Email address: anamartinez@gmail.com</b>				