

EL Civics

COAAP #26.3 – Health

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

Student Activity Packet Level: Intermediate 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 five 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, services provided, and documentation needed.

Task 1 Handouts Provided

Handout 1: Vocabulary

Handout 2: Discussion/Conversation Questions

Handout 3: Resource Guide: Low-cost/Free Health Care

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

Handout 5: Activity/Practice 1: Information Match

Handout 6: Activity/Practice 2: Fill In

Handout 7: Activity/Practice 3: Independent Practice

Handout 8: Practice Assessment

Task 1 – Handout 1 (2 pages)

VOCABULARY: Health Care

1. urgent care: a place that treats injuries or illnesses requiring immediate care, but not serious enough to require an emergency room visit.
2. family practice: provides health care for individuals and families for an entire lifetime.
3. pharmacy: a place where drugs and medicines are prepared and sold.
4. dental care: oral care concerned with your teeth, gums, and mouth.
5. dermatology: concerned with the health of the skin and nails.
6. flu shot: a vaccine (shot) to keep you from getting the flu.
7. immunizations: to give someone a vaccine to prevent infection by a disease.
8. internal medicine: general medicine dealing with the prevention, diagnosis, and treatment of adult diseases.
9. mental health care: care that focuses on the health and functioning of the mind.
10. orthopedics: seeks to prevent and correct problems that affect bones and muscles.
11. pediatrics: deals with the development, care, and diseases of babies and children.
12. physical therapy: treatment of a disease or an injury of the muscles or joints with massage, exercises, heat, etc.
13. prenatal care: care that keeps pregnant women and their unborn baby healthy.
14. TB test: a test that checks if you have tuberculosis (a serious disease of the lungs).
15. vision care: eye exams and check-ups that keep your eyes healthy.
16. X-rays: a test that allows a doctor to see inside your body.
17. substance abuse: a pattern of repeated drug or alcohol use that often interferes with health, work, or social relationships.

Task 1 – Handout 1 (cont.)

VOCABULARY: Health Care

| Services Provided | | |
|--|--|---|
| <p>Dental Care</p>  | <p>Pediatrics</p>  | <p>Dermatology</p>  |
| <p>Urgent Care</p>  | <p>Physical Therapy</p>  | <p>Internal Medicine</p>  |
| <p>Family Care</p>  | <p>Prenatal Care</p>  | <p>Orthopedics</p>  |
| <p>Flu Shot</p>  | <p>Vision Care</p>  | <p>TB Testing</p>  |
| <p>Mental Health Services</p>  | <p>X-rays</p>  | <p>Immunizations</p>  |

Task 1 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Health Care

Directions: Ask and answer the following questions with a partner.

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 get regular eye exams?
8. Have you ever had an X-ray taken?
9. Do you know where the nearest hospital is?
10. Do you know the difference between urgent care and the emergency room?
11. What are some of the services that health care centers and clinics provide?

Task 1 – Handout 3 (2 pages)

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>Southland Integrated Services, Inc.</u> 9862 Chapman Ave., Garden Grove, CA 92841, (714) 620-7000</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> <p><u>Women, Infants, and Children (WIC) Orange County</u> (888) 968-7942</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) 620-7001</p> |
| Women’s Health Services | <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 |

Task 1 – Handout 3 (cont.)

RESOURCE GUIDE: Low Cost/Free Health Care

| Specialty | Locations |
|--|---|
| <p>Substance Abuse & Counseling</p> | <p><u>Chapman House Behavioral Health Centers</u> 14511 Carfax, Tustin, CA 92780, (714) 831-5596</p> <p><u>Mariposa Women and Family Center</u> 1845 W. Orangewood Ave., Suite 300, Orange, CA 92868 (714) 547-6494</p> <p><u>Orange County Alcoholics Anonymous</u> 1526 Brookhollow Dr., Ste 75, Santa Ana, CA 92705 (714) 556-4555</p> <p><u>Orange County Health Care Agency</u> 401 W. Civic Center Dr., Ste. 800 Santa Ana, CA 92701, (714) 480-6767</p> <p><u>Phoenix House Santa Ana</u> 1207 E. Fruit St., Santa Ana, CA 92701, (800) 671-9392</p> |
| <p>Mental Health & Counseling</p> | <p><u>AOABH College Community Services-Camino Nuevo Recovery</u> 2001 East 4th St., Ste. 200 & 205, Santa Ana, CA 92705 (714) 824-8140</p> <p><u>Catholic Charities of Orange County – Counseling Center</u> 12141 S. Lewis St, 12th floor, Garden Grove, CA 92840 (714) 347-9613</p> <p><u>Center for Individual and Family Therapy</u> 1633 E. 4th St., Suite 120, Santa Ana, CA 92701, (714) 558-9266</p> <p><u>Community Action Partnership, Orange County (CAP-OC)</u> 11870 Monarch St., Garden Grove, CA 92841, (714) 897-6670</p> <p><u>Community Counseling and Supportive Services</u> Includes multicultural services, LGBTQ+, Veterans, and specialized services. 4000 W. Metropolitan, Suite 405, Orange, CA 92868 (714) 645-8000</p> <p><u>El Modena Center – FACES</u> 18672 E. Center St., Orange, CA 92869, (714) 532-3595</p> <p><u>Friendly Center</u> 147 Rose Ave., Orange, CA 92867, (714) 771-5300</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 6

ACTIVITY/PRACTICE 2: Fill In

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

Part A.

| | |
|--|---|
| (800) 914-4887 | 1725 W. 17 th St., Santa Ana, CA 92706 |
| Pediatrics | M-F 8:00 a.m. – 6:00 p.m. |
| Orange County Health Care Agency Children’s Clinic | Picture ID |

1. Name: _____
2. Address: _____
3. Phone number: _____
4. Hours: _____
5. Documentation needed: _____
6. Services provided: _____

Part B.

| | |
|---|----------------------------------|
| 725 W. La Veta Ave. Suite 260, Orange, CA 92868 | Mon-Fri 7:30-5:30; Sat 8:00-4:00 |
| Prenatal Care and Women’s Health | (714) 771-8006 |
| La Amistad Family Health Center | Insurance Card |


1. Name: _____
2. Address: _____
3. Phone number: _____
4. Hours: _____
5. Documentation needed: _____
6. Services provided: _____

Task 1 – Handout 7

ACTIVITY/PRACTICE 3: Independent Practice

Directions: Read the information about the community health center. Fill in the chart below.

Serve the People



Mission: To provide the physical, mental, emotional and mentoring needs of the poor, children, sick, needy, uneducated, oppressed and lost people. To serve people regardless of religion, ethnicity, race or gender with love, compassion and generosity.

Our Services
 At *Serve the People Community Health Center*, we offer a one-stop shop for health care services to persons of all ages. We provide medical, dental, vision, and mental health services available in one location.

Location and Hours of Operation:
 1206 East 17th Street, Suite 101
 Santa Ana, CA 92701
 Tel. (714) 352-2911

To Make an Appointment:
 Tuesday through Friday – 8:00am to 5:00pm
 Saturday – 8:00am to 4:30pm


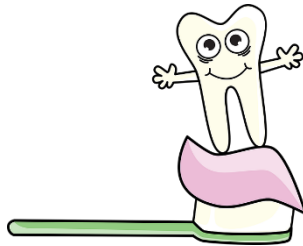

Bring your picture ID to the health center.

| | |
|--------------------------------|--|
| 1. Name | |
| 2. Address | |
| 3. Phone number | |
| 4. Hours | |
| 5. Documentation needed | |
| 6. Services provided | |

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 with the correct information. Be sure to write neatly.

| | | |
|--|---|---|
| <p>#1</p>  <p>MOMS Orange County</p> <p>1128 W. Santa Ana Blvd. Santa Ana, CA 92703 Tel. (714) 972-2610 Email: info@momsorangecounty.org</p> <p><i>MOMS Orange County is a nonprofit dedicated solely to newborn and pregnancy health.</i></p> <p>Services Prenatal and women’s health care</p> <p>Office Hours M-F 9 a.m. to 5 p.m. Closed Weekends</p> <p>Documentation needed: Picture ID</p> | <p>#2</p> <p>Southland Integrated Services-- Dental Services</p> <p>9862 Chapman Ave. Garden Grove, CA 92841 (714) 620-7001 info@southlandintegrated.org</p> <p>Hours Mon-Fri 8:00AM – 5:00PM</p>  <p>Services Dental Care</p> <p><i>Southland’s dental clinic serves children and adults. The clinic provides comprehensive exams, diagnosis, and treatment plans.</i></p> <p>Required: Insurance Card</p> | <p>#3</p> <p>Phoenix House Santa Ana</p> <p>1207 E. Fruit Street Santa Ana, CA 92701 888-671-9392</p> <p>Hours M-F 9:00am-5:00pm</p> <p>Services Substance abuse counseling, outpatient programs</p> <p>Bring your Picture ID and Insurance Card</p> <p><i>Since 1979, Phoenix House California has provided recovery and rehabilitation services to thousands of men, women, and teens struggling with addiction and dependency.</i></p>  <p>Phoenix House Rising Above Addiction</p> |
|--|---|---|

Task 1 – Handout 8 (cont.)

PRACTICE ASSESSMENT: Low Cost/Free Health Care

Directions: Look at the previous page. Fill in the chart below with the correct information. Be sure to write neatly.

| | #1 | #2 | #3 |
|-----------------------------|----|----|----|
| Name | | | |
| Address | | | |
| Phone Number | | | |
| Hours | | | |
| Documentation Needed | | | |
| Services Provided | | | |

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.



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

1. health insurance: a program where you pay each month and then the program pays for your health care
2. marital status: the state of being married or not married
3. widowed: used to describe a woman or man whose spouse has died
4. coverage: the financial protection that is provided by an insurance policy
5. submit: to give a document to someone so that it can be considered or approved
6. qualify: to have the right to do, have, or be a part of something
7. Social Security number (SSN): a nine-digit number given to U.S. citizens, permanent residents, and temporary residents
8. benefit year: a period of one year in which an insurance policyholder can receive insurance benefits from an insurance policy
9. primary: happening or coming first
10. income: money that is earned from work, investments, business, etc.
11. federal income tax: the U.S. Internal Revenue Service (IRS) taxes the earnings of individuals, corporations, trusts, and other legal entities every year
12. tax filer: a person who expects to file a federal income tax return
13. filing jointly: when a couple submits their tax return together
14. head of household: a tax filing status where the person is unmarried, has one or more dependents, and maintains a home
15. dependent: a child or relative who is under the age of 19, disabled, or a student under age 24
16. pay frequency: the amount of time between an employee's paydays

Task 2 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Medical Care Application

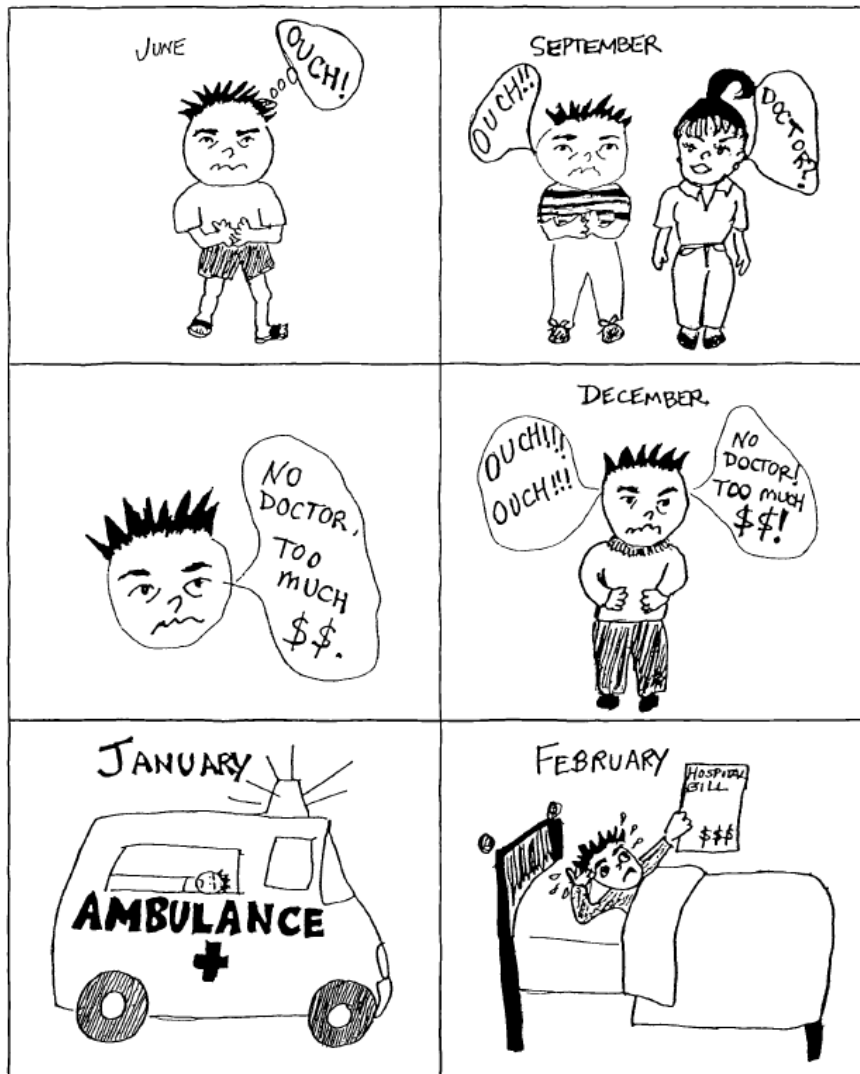
Directions: Ask and answer the following questions with a partner.

1. What are the health services like in your country?
2. What do you think of the health services in this country?
3. Which country do you think has the best health care? Why?
4. Do you know how to fill out an application?
5. Have you ever filled out an application for health insurance?
6. Does your country have health insurance?
7. What do you know about health services and health insurance in California?
8. What would you like to know about health services and health insurance in California?
Write your questions down here and discuss with your class.

Task 2 – Handout 3

ACTIVITY/PRACTICE 1: Picture Story

Directions: Look carefully at the pictures below. Retell the story to a partner in your own words. Then answer the questions below.



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

1. Can the man do anything different in June so he will not have major issues 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 previous pages 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.

You may need to give information about your income to apply for health insurance.

Pay stub:

| SEQ: 18315 | | COMPANY, INC. | | EARNINGS STATEMENT | | |
|--|-------|---------------|-------------|---|----------------------------------|---------------------------------------|
| EMPLOYEE NAME/ADDRESS | | SSN | EMP. ID | PAY PERIOD | PAY DATE | |
| JOHN ADAMS STREET NAME, CITY, STATE 12345 | | XXX-XX-5678 | 1234 | 05/01/2018 TO 05/31/2018 | 05/31/2018 | |
| INCOME | DATE | 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 11.80 | 1588.50 745.37 942.40 221.60 |

Federal tax info:

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

1 Your first name and middle initial: _____ Last name: _____ SSN: _____

2 Your social security number: _____

3 Single Married Married, but without a higher filing rate.
City or town, state, and ZIP code: _____

4 Total number of allowances you're claiming from the appropriate worksheet on the following pages: _____

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. **▶ 17**


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.

Employer's signature: _____ Date: _____
Employee's name and address: _____ Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Director of Revenue. **▶ 17**

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 | |
| Employer | Costco | |
| Income | \$3500/month | |
| Dependents | 5-year-old son | |

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 is her email address? _____
7. What is her SSN? _____
8. How much is her income? _____
9. Who is her employer? _____
10. Does she have dependents? _____

Task 2 – Handout 6 (2 pages)

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 | |
| Cell phone number | |
| Social Security number | |
| Employer | |
| Income | |
| Pay frequency | |
| Dependents | |

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 and has two young children. She works for Priscilla’s Hair Salon. She gets paid weekly and makes \$18/hour. Her address is 1816 Main Street. She lives in apartment #38. Her cell phone number is 714-348-7847. Her SSN is 714-45-8927.</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. He is single and has a teenage daughter. His cell phone number is 714-980-5429. His address is 7341 Chapman Ave. He lives in apartment #14. His SSN is 728-18-3286. He works for OC Limousine and makes \$20 an hour. He gets paid monthly.



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 | |
| Cell phone number | |
| Social Security number | |
| Employer | |
| Income | |
| Pay frequency | |
| Dependents | |

Task 2 – Handout 7 (3 pages)

PRACTICE ASSESSMENT: Medical Care Application

Directions: Using the information from the story below, fill out the application on this page and the next two pages. If you do not have any information about a particular section, leave it blank. There are **38** pieces of information you need to complete (including checkboxes). 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. Her mailing address is the same as her home address. She is widowed, and she doesn't have any dependents. Her date of birth is 11/18/70.

Her cell (preferred) number is (714) 555-5864 and her work phone is (714) 555-9943. Her preferred method of contact is email, which is anamartinez@gmail.com. Her Social Security Number is 706-26-3446 and her primary language is English. She's applying for herself only.

Her employer is Jay's Hardware Store, where she earns \$17 an hour. She is paid every two weeks. She files her taxes annually as the primary filer, and her filing status is single. She is not pregnant, does not have any disability and does not need long-term care services. She does not currently have any health insurance.

| 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) | |
| 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 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 # |
| City (home address) | | State | Zip Code | County |
| Best phone number to reach you <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: () - | | Other phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: () - | | |
| What language should be write to you in? | | | What language do you want us to speak to you in? | |
| How would you like to get information about this application? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input 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 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 type="checkbox"/> No <i>If yes, how many babies are expected?</i> _____ <i>What is the expected delivery date?</i> _____ | |
| 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 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 | |

| Tell us about your current job and how you get money <i>Attach an extra page if you need more space</i> | |
|--|--|
| Do you work now? <input type="checkbox"/> Yes <i>if yes</i> , answer the questions below <input type="checkbox"/> No <i>if no</i> , go to other income on this page | |
| Where do you work now? <i>If you have more jobs, attach another sheet of paper</i> | |
| JOB 1: How do you get paid? | <input type="checkbox"/> Hourly: How many hours per week? _____ <input type="checkbox"/> Daily: How many days per week? _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every six months <input type="checkbox"/> Yearly <input type="checkbox"/> One-time payment |
| Employer name | How much do you get paid (before taxes)? \$ _____ |
| JOB 2: How do you get paid? | <input type="checkbox"/> Hourly: How many hours per week? _____ <input type="checkbox"/> Daily: How many days per week? _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every six months <input type="checkbox"/> Yearly <input type="checkbox"/> One-time payment |
| Employer name | How much do you get paid (before taxes)? \$ _____ |

Task 2 – Handout 7 (cont.)

PRACTICE ASSESSMENT: Medical Care Application

| Step 2: | Person 1 (continued) |
|---|--|
| Federal income tax information <i>If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal. We will keep your information private. We will use your information only to decide if you qualify for health insurance.</i> | |
| Are you the primary tax filer (your name was the first on the tax return)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Only one person on this application can be the primary tax filer.</i> | |
| Are you going to file taxes for the benefit year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will you file? <input type="checkbox"/> Head of Household <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately | Does anyone claim you as a dependent on their taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Person # _____ on this application <input type="checkbox"/> This person is a parent without custody. <input type="checkbox"/> This person is a parent without custody who is not listed on this application. |
| Do you have other health insurance or are you offered insurance through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a physical, mental, emotional, or developmental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>See FAQ #27 for more information on what it means to have a disability.</i> | Do you need help with long-term care or home and community-based services? <input type="checkbox"/> Yes <input type="checkbox"/> No |