

# 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.


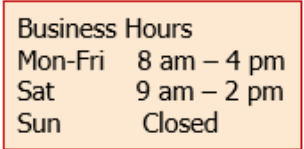
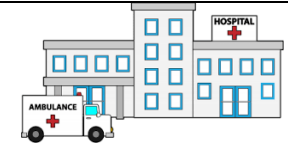

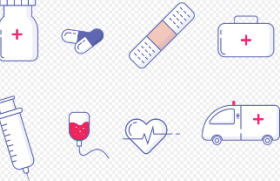


## **Task 1 Handouts Provided**

- Handout 1: Vocabulary
- Handout 2: Discussion/Conversation Questions
- Handout 3: Resource Guide
- Handout 4: Introduction
- 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 and definition.

Words	Copy the words below.	Image	Definition
1. appointment	_____		agreement to meet at a specific time
2. hours	_____		the days and times that a business is open
3. hospital	_____		a place where sick or injured people are given care
4. clinic	_____		a place you go to for basic health care needs
5. medical	_____		relating to medicine
6. dental	_____		relating to teeth
7. documentation	_____		documents or records that are used to prove something or make something official

## 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 (2 pages)

**RESOURCE GUIDE: Low-Cost/Free Health Care**

<b>Specialty</b>	<b>Locations</b>
<b>Primary or General Health Services</b>	<p><b><u><a href="#">Lestonnac FREE Clinic</a></u></b> 1215 E. Chapman Ave., Orange, CA 92866 (714) 633-4600</p> <p><b><u><a href="#">La Amistad Health Center</a></u></b> 725 W. La Veta Ave. Suite 260 Orange, CA 92868 (714) 771-8006</p> <p><b><u><a href="#">Nhan Hoa Health Center</a></u></b> 7761 Garden Grove Blvd. Garden Grove, CA 92841 (714) 898-8888</p> <p><b><u><a href="#">Serve the People – Community Health Center</a></u></b> 1206 E. 17<sup>th</sup> St., Suite 101 Santa Ana, CA 92701 (714) 352-2911</p> <p><b><u><a href="#">UCI Family Health Center Santa Ana</a></u></b> 800 N. Main Street, Santa Ana, CA 92701 (657) 282-6355</p>
<b>Children’s Health Services</b>	<p><b><u><a href="#">Clinica CHOC Para Niños</a></u></b> 406 S. Main St., Santa Ana, CA 92701 (888) 457-1362</p> <p><b><u><a href="#">Families Together of Orange County</a></u></b> 661 W. Tustin St., Tustin, CA 92780 (800) 597-7977</p>
<b>Dental Health Services</b>	<p><b><u><a href="#">Nhan Hoa Health Center</a></u></b> 7761 Garden Grove Blvd., Garden Grove, CA 92841 (714) 898-8888</p> <p><b><u><a href="#">Southland Integrated Services– Dental Services</a></u></b> 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><a href="#"><u><b>MOMS Orange County</b></u></a>            1128 W. Santa Ana Blvd., Santa Ana, CA 92703            (714) 972-2610</p> <p><a href="#"><u><b>Breast/Cervical Cancer Early Detection Program</b></u></a>            (800) 511-2300</p> <p><b>Planned Parenthood</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u><b>Orange Health Center</b></u></a>            700 S. Tustin St., Orange, CA 92866            (714) 922-4100</li> <li>• <a href="#"><u><b>Santa Ana Health Center</b></u></a>            1421 E. 17<sup>th</sup> St., Santa Ana, CA 92705            (714) 922-4100</li> <li>• <a href="#"><u><b>Anaheim Health Center</b></u></a>            303 W. Lincoln Ave. #105, Anaheim, CA 92805            (714) 922-4100</li> </ul>
<p><b>Mental Health Services</b></p>	<p><a href="#"><u><b>OC Health Care Agency Mental Health and Recovery Services</b></u></a></p> <p><a href="#"><u><b>NAMI Orange County</b></u></a>            1810 East 17<sup>th</sup> St., Santa Ana, CA 92705            714-544-8488</p> <p><a href="#"><u><b>UCI Family Health Center Santa Ana</b></u></a>            800 N. Main Street, Santa Ana, CA 92701            (657) 282-6355</p> <p><a href="#"><u><b>2-1-1 Orange County</b></u></a>            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:

1. **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 [CalFresh](#) for more information.
2. **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. Visit [CalWORKs](#).
3. **Access for Infants and Mothers (AIM):** A program that helps pregnant women get health care: [AIM](#).
4. **Child Health and Disability Prevention (CHDP):** A preventive program that delivers periodic health assessments and services to low-income children. [CHDP](#)
5. **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. [EPSDT](#)
6. **Family Planning, Access, Care, Treatment (Family PACT):** A program that provides no-cost family planning services to low-income men and women, including teens. [Family PACT](#)
7. **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. [IHSS](#)
8. **Women, Infants and Children (WIC):** A nutrition program for pregnant women, new mothers, and children under the age of 5. [WIC](#)

Task 1 – Handout 5

**ACTIVITY/PRACTICE 1: Matching**

Directions: Match the words to the information.

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

Documentation is often needed for health care services:

Picture ID



Insurance Card



## Task 1 – Handout 6

**ACTIVITY/PRACTICE 2: Fill In**

Directions: Write the information on the correct line. (Or write 1-5 on your paper and answer).

**Part A.**

(800) 914-4887

1725 W. 17<sup>th</sup> 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**

You can write 1-5 on your paper and answer.

Information	Answer
<b>1. Name</b>	_____
<b>2. Address</b>	_____ _____ _____
<b>3. Phone number</b>	_____
<b>4. Hours</b>	_____
<b>5. Documentation Needed</b>	_____

Task 1 – Handout 8

**PRACTICE ASSESSMENT: Low Cost/Free Health Care**

Directions: Look at the flyers. Answer the questions 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.*

Documentation needed: Picture ID

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

- 1 A. Name:
- 1 B. Address:
- 1 C. Phone:
- 1 D. Hours:
- 1 E. Documentation Needed:

**#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



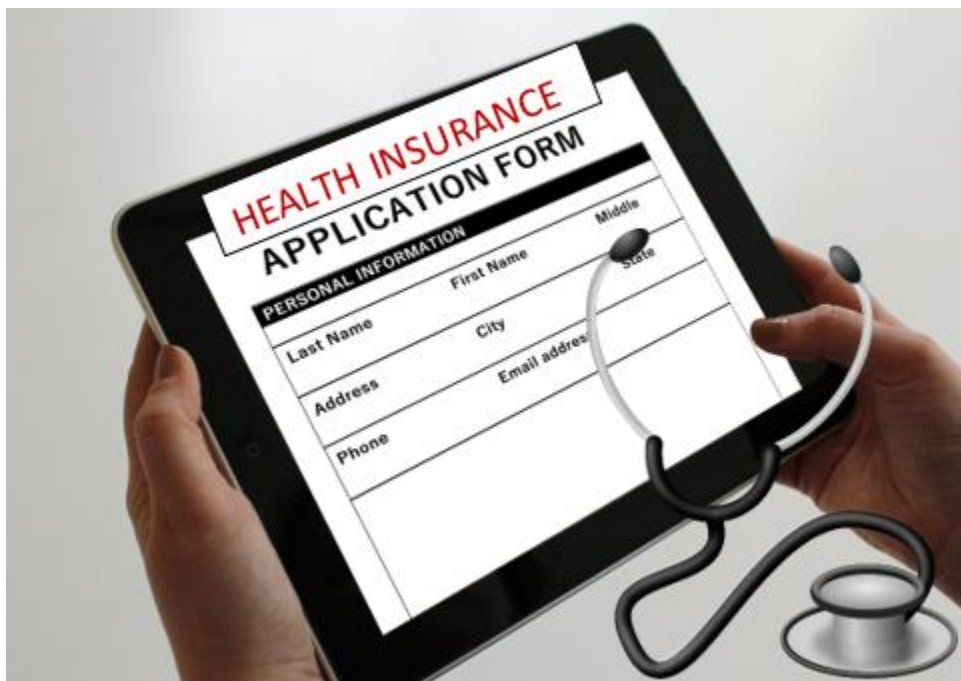
*Southland's dental clinic provides quality care to children and adults.*

**Required: Insurance Card**

- 2 A. Name:
- 2 B. Address:
- 2 C. Phone:
- 2 D. Hours:
- 2 E. 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	_____		a written request for something (a job, insurance, etc.)
2. health insurance	_____		program where you pay each month and then the program pays for your health care
3. marital status	_____	<input checked="" type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	the state of being married or not married
4. widowed	_____		used to describe a woman or man whose spouse has died
5. coverage	_____		the financial protection that is provided by an insurance policy
6. submit	_____		to give a document to someone so that it can be considered or approved
7. qualify	_____	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	to have the right to do, have, or be a part of something
8. Social Security number (SSN)	_____		a nine-digit number given to U.S. citizens, permanent residents, and temporary residents

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.

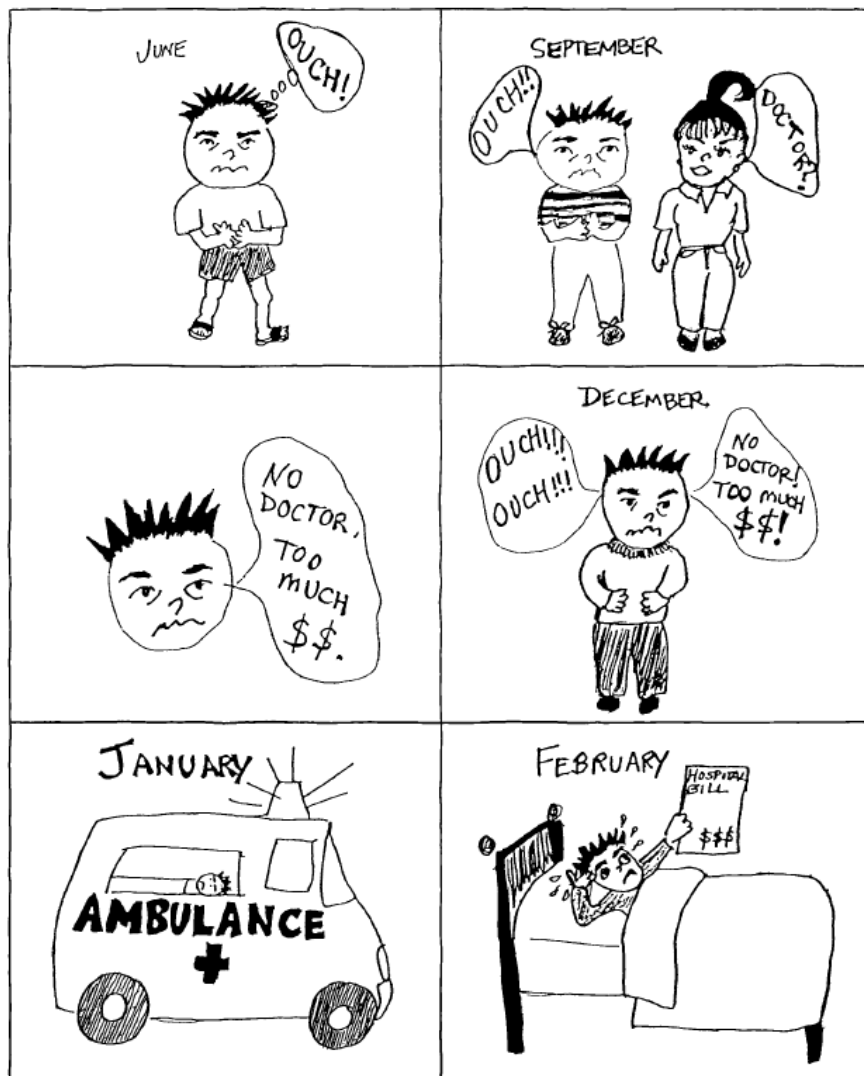
1. What are the health services like in your country?
2. What do you think of the health services in this country?
3. Do you know how to fill out an application?
4. Do you know how to apply for health insurance?
5. Do you have any questions about health services and health insurance in the U.S.? Write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

Questions	Answers
Do you know how to fill out an application?	Yes, I do. <i>or</i> No, I don't.
Do you know how to apply for health insurance?	Yes, I do. <i>or</i> No, I don't.
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](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 & 6 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:*

EMPLOYEE INFORMATION		EMPLOYER INFORMATION		EARNING PERIOD		PAY PERIOD	
EMPLOYEE NAME/ADDRESS	STREET NAME, CITY, STATE, ZIP	EMPLOYEE ID	EMPLOYER NAME	START DATE	END DATE	START DATE	END DATE
JOHN ADAMS	1234 MAIN ST, LOS ANGELES, CA 90001	12345	ABC COMPANY, INC.	01/01/2020	01/31/2020	01/01/2020	01/31/2020
EARNING INFORMATION		DEDUCTIONS		TOTAL TAX		GROSS TOTAL	
INCOME	NET	FEDERAL TAX	STATE TAX	FICA - SOCIAL SECURITY	FICA - MEDICARE	TOTAL TAX	NET TOTAL
200.00	145.00	30.00	15.00	10.00	5.00	60.00	140.00

*Federal tax info:*

\*low-income: small salary; little money

Task 2 – Handout 5

**ACTIVITY/PRACTICE 2: Application Information**

Directions: Look at the personal information about Linh.

Information	Answer
<b>First name</b>	Linh
<b>Middle name</b>	Thi
<b>Last name</b>	Lam
<b>Date of birth</b>	August 14, 1979
<b>Marital status</b>	Married
<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
<b>Social Security number</b>	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 (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! Write the answers.

<b>Information</b>	<b>Answer</b>
<b>First name</b>	
<b>Last name</b>	
<b>Marital status</b>	
<b>Home address</b>	
<b>Apartment #</b>	
<b>City</b>	
<b>State</b>	
<b>Zip code</b>	
<b>Cell phone number</b>	
<b>Social Security number</b>	

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



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.

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. 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.

Directions for Student B: Now it's your turn to ask your partner questions about Maria Lopez. Do not look at the previous page! Write the answers.

<b>Information</b>	<b>Answer</b>
<b>First name</b>	
<b>Last name</b>	
<b>Marital status</b>	
<b>Home address</b>	
<b>Apartment #</b>	
<b>City</b>	
<b>State</b>	
<b>Zip code</b>	
<b>Cell phone number</b>	
<b>Social Security number</b>	

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. Write the numbers 1-16 on your paper and write the answers for 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.

<b>Step 1:</b>		<b>Tell us about the adult who will be our main contact for this application</b>		
First name <b>1</b>	Middle name <b>2</b>	Last name <b>3</b>	Suffix (examples: Sr., Jr., III, IV) N/A	
Home Address <b>4</b>				Apartment # <b>5</b>
City (home address) <b>6</b>	State <b>7</b>	Zip Code <b>8</b>	County <b>9</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>				
Mailing Address or P.O. Box (if different from home address) N//A				Apartment #
City (home address)	State	Zip Code	County	
Best phone number to reach you <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Work Number: ( <b>10</b> ) -		Other phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work Number: ( <b>11</b> ) -		
What language should be write to you in? English		What language do you want us to speak to you in? 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: <b>12</b>				

Task 2 – Handout 7 (cont.)

**PRACTICE ASSESSMENT: Medical Care Application**

<b>Person 1 Tell us about yourself</b>				
First name Ana	Middle name Luisa	Last name Martinez	Suffix (examples: Sr., Jr., III, IV) N/A	Relationship to you Self
<b>Are you: 13</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Are you: 14</b> <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		
<b>Date of birth 15</b> (month/day/year)		Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, how many babies are expected?</i> _____ <i>What is the expected delivery date?</i> _____		
<b>Applying for health insurance</b> <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.				
<b>Social Security Number 16</b> _____ - ____ - _____		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		