

# 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


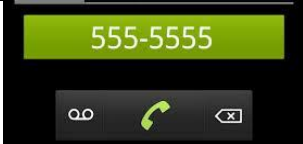
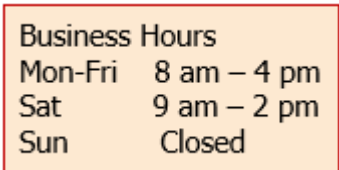




Handout 7: Practice Assessment

A special thank you to [Pixabay](#) and [Pixy](#) for many of the images here.

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>                    |
|-------------------------------------|-----------------------------------|
| Are you healthy?                    | Yes, I am. <i>or</i> No, I'm not. |
| Do you go to the doctor regularly?  | Yes, I do. <i>or</i> No, I don't. |
| 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   |
|---|---|
| <b>Primary or General Health Services</b> | <p><b><u><a href="#">Lestonnac FREE Clinic</a></u></b><br/>1215 E. Chapman Ave., Orange, CA 92866<br/>(714) 633-4600</p> <p><b><u><a href="#">La Amistad Health Center</a></u></b><br/>725 W. La Veta Ave. Suite 260<br/>Orange, CA 92868<br/>(714) 771-8006</p> <p><b><u><a href="#">Nhan Hoa Health Center</a></u></b><br/>7761 Garden Grove Blvd.<br/>Garden Grove, CA 92841<br/>(714) 898-8888</p> <p><b><u><a href="#">Serve the People – Community Health Center</a></u></b><br/>1206 E. 17<sup>th</sup> St., Suite 101<br/>Santa Ana, CA 92701<br/>(714) 352-2911</p> <p><b><u><a href="#">UCI Family Health Center Santa Ana</a></u></b><br/>800 N. Main Street, Santa Ana, CA 92701<br/>(657) 282-6355</p> |
| <b>Children’s Health Services</b>         | <p><b><u><a href="#">Clinica CHOC Para Niños</a></u></b><br/>406 S. Main St., Santa Ana, CA 92701<br/>(888) 457-1362</p> <p><b><u><a href="#">Families Together of Orange County</a></u></b><br/>661 W. Tustin St., Tustin, CA 92780<br/>(800) 597-7977</p>   |
| <b>Dental Health Services</b>             | <p><b><u><a href="#">Nhan Hoa Health Center</a></u></b><br/>7761 Garden Grove Blvd., Garden Grove, CA 92841<br/>(714) 898-8888</p> <p><b><u><a href="#">Southland Integrated Services– Dental Services</a></u></b><br/>9862 Chapman Ave., Garden Grove, CA 92841<br/>(714) 620-7000</p>   |

Task 1 – Handout 3, cont.

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

Task 1 – Handout 4

### **ACTIVITY/PRACTICE 1: Information Match**

Directions: Match the words to the information.

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

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 on the correct line. (Or write 1, 2, 3, 4 on your paper and answer).

**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: \_\_\_\_\_

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

You can write 1, 2, 3, 4 on your paper and answer.

| Information            | Answer                  |
|------------------------|-------------------------|
| <b>1. Name</b>         | _____                   |
| <b>2. Address</b>      | _____<br>_____<br>_____ |
| <b>3. Phone number</b> | _____                   |
| <b>4. Hours</b>        | _____<br>_____          |

Task 1 – Handout 7

**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.*

**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.*

1 A. Name:

2 A. Name:

1 B. Address:

2 B. Address:

1 C. Phone:

2 C. Phone:

1 D. Hours:

2 D. 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 621 1458 695"> <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 751 1458 825"> <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 894 1458 968"> <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.<br/>OR<br/>PO Box 123</p>    |      |        |          |       |        |      |
| 7. zip code         | _____          | <p>8045 E. Chapman Ave.<br/>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.

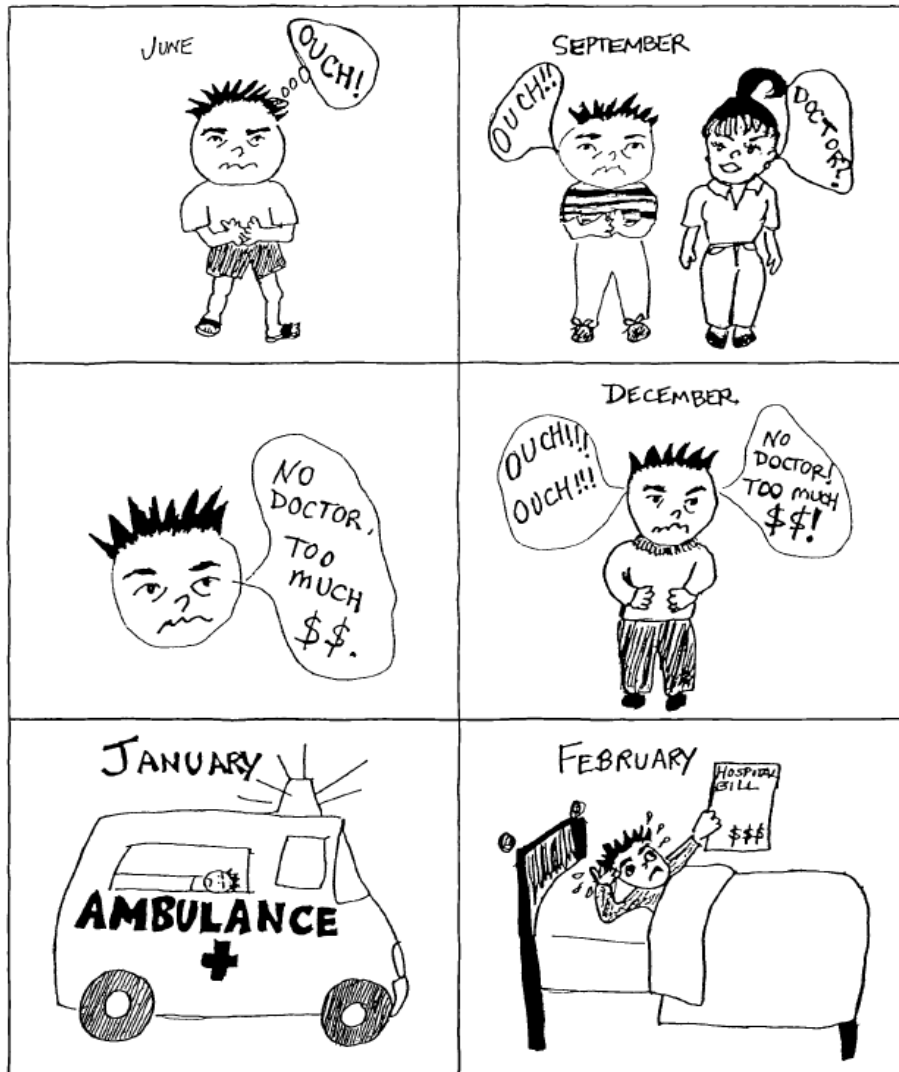
1. What is your first name?
2. What is your last name?
3. Do you have a middle name?
4. What is your home address?
5. Is your mailing address the same as your home address? If not, what is it?
6. What is your zip code?
7. What is your cell phone number?
8. Do you have an email address?
9. Do you know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

| <b>Questions</b>                                       | <b>Answers</b>                      |
|--|-------------------------------------|
| Do you have a middle name?                             | Yes, I do. <i>or</i> No, I don't.   |
| What is your home address?                             | It is _____.                        |
| 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?
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 NAME/ADDRESS                       |          | SOCN        |                 | EMP. ID   | PAY PERIOD                               | PAY DATE                                     |
|---|----------|-------------|-----------------|---|--|--|
| JOHN ADAMS<br>STREET NAME, CITY, STATE, ZIP |          | XXX-XX-XXXX |                 | 0001  | 01/01/2018<br>01/15/2018                 | 01/15/2018                                   |
| INCOME                                      | DED.     | TOTAL       | CUMULATIVE YEAR | DEDUCTIONS  | TOTAL TAX                                | YTD TOTAL                                    |
| GROSS EARNINGS                              | \$15,000 | \$45,000    | \$600,000       | FEDERAL TAX<br>STATE TAX<br>FICA - SOCIAL SECURITY<br>FICA - MEDICARE | \$5,250<br>\$8,250<br>\$4,500<br>\$1,500 | \$56,250<br>\$65,250<br>\$42,000<br>\$15,000 |

*Federal tax info:*

\*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.

| Information            | Answer               |
|------------------------|----------------------|
| <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? \_\_\_\_\_
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! Write the answers.

| Information              | Answer |
|--------------------------|--------|
| <b>First name</b>        | _____  |
| <b>Last name</b>         | _____  |
| <b>Home address</b>      | _____  |
| <b>Apartment #</b>       | _____  |
| <b>City</b>              | _____  |
| <b>State</b>             | _____  |
| <b>Zip code</b>          | _____  |
| <b>Cell phone 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. Her address is 1816 Main Street. Her zip code is 92703. She lives in apartment #38. Her cell phone number is 714-348-7847.

## 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! Write the answers.

| Information       | Answer |
|-------------------|--------|
| 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. Write the numbers 1-8 on your paper and write the answers. Be sure to write neatly.

Ana Luisa Martinez lives at 1855 Oranewood 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><br>1   | Middle name<br>Luisa | <b>Last name</b><br>2  | Suffix (examples: Sr., Jr., III, IV)<br>N/A  |                    |
| <b>Home Address</b><br>1855 Oranewood Ave.   |                      |  |  | Apartment #<br>21  |
| <b>City</b> (home address)<br>3  |                      | State<br>CA  | <b>Zip Code</b><br>4   | <b>County</b><br>5 |
| <input type="checkbox"/> Check here if you do not have a home address.<br>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.<br><b>If it is not the same</b> , you must give us your mailing address below:                  |                      |  |  |                    |
| Mailing Address or P.O. Box (if different from home address)<br>N/A  |                      |  |  | Apartment #        |
| City (home address)  |                      | State  | Zip Code   | County             |
| Best phone number to reach you<br><input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work<br><b>Number:</b> ( 6 ) -  |                      |  | Other phone number<br><input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work<br><b>Number:</b> ( 7 ) - |                    |
| What language should we write to you in?<br>English  |                      |  | What language do you want us to speak to you in?<br>English  |                    |
| How would you like to get information about this application?<br><input type="checkbox"/> Phone <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Email<br><b>Email address:</b> 8 _____ |                      |  |  |                    |