

*Do NOT copy
for students!*

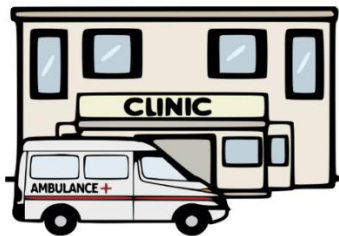

**EL Civics Assessment Packet
Answer Key
Spring 2026**

Beginning High

Health: COAAP 26.3

Task 1 Assessment (8 points possible)

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

<p>#1</p> <p>UCI Health Family Health Center Santa Ana</p> <p><i>Bringing health to our community, one patient, one family at a time.</i></p>  <p>Office Information 800 N. Main St. Santa Ana, CA 92701 Office Phone: 657-282-6355</p> <p>Required: Picture ID</p> <p>Hours</p> <ul style="list-style-type: none">Monday thru Friday — 7:30 a.m. to 8:00 p.m.Saturday — 8:00 a.m. to 5:00 p.m.	<p>#2</p>  <p>Lestonnac Free Clinic</p> <p>1215 East Chapman Avenue Orange, CA 92866 Phone: (714) 633-4600 info@lestonnacfreeclinic.org</p> <p>Office Hours</p> <ul style="list-style-type: none">Monday – Saturday 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 5:00 p.m. <p><i>The mission of Lestonnac Free Clinic is to provide free health care services to low-income and uninsured residents in Southern California, through the support of generous volunteers and donors.</i></p> <p>Documentation Needed: Picture ID</p>	<p>#3</p> <div data-bbox="1514 358 1793 440" style="border: 1px solid black; background-color: #fff9c4; padding: 5px; text-align: center;"><p>AltaMed</p></div> <p>AltaMed Medical and Dental Group Santa Ana, Main</p> <p>1400 North Main St. Santa Ana, CA 92701 (888) 499-9303</p> <p><i>Medical Hours</i> M/W/F 8 am - 5 pm T/Th 9 am - 5 pm</p> <p>Please bring your Insurance Card</p> <p style="text-align: center;">AltaMed Your Community Health Network</p>
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Task 1 Assessment, cont.

Directions: Look at the previous page. Fill in the chart below with the correct information. Write neatly.

	#1	#2	#3
Name	UCI Health Family Health Center Santa Ana	Lestonnac Free Clinic	AltaMed Medical and Dental Group (Santa Ana, Main)
Address	800 N. Main St. Santa Ana, CA 92701	1215 East Chapman Avenue Orange, CA 92866	1400 North Main St. Santa Ana, CA 92701
Phone Number	657-282-6355	(714) 633-4600	(888) 499-9303
Hours	<ul style="list-style-type: none"> Monday thru Friday — 7:30 a.m. to 8:00 p.m. Saturday — 8:00 a.m. to 5:00 p.m. 	<ul style="list-style-type: none"> Monday -- Saturday 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 5:00 p.m. 	<ul style="list-style-type: none"> M/W/F 8 am - 5 pm T/Th 9 am - 5 pm
Documentation Needed	Picture ID	Picture ID	Insurance Card

Task 2 Assessment (10 points possible)

Directions: Use the information from the story to fill out the low-cost medical application on this page and the next page. There are two pages and **sixteen** pieces of missing information. Be sure to write neatly.

Scenario:

Leo Jose Sanchez lives at 2867 Main St. Apartment 18, Santa Ana, California, 92701. He lives in the county of Orange. He's married, and his date of birth is 12/15/1985. His mailing address is the same as his home address. His cell phone number is (714) 823-6598, his work phone is (714) 256-1183, and his email is leosanchez@gmail.com. His Social Security number is 780-62-3177, and his preferred language is English.

Step 1:	Tell us about the adult who will be our main contact for this application		
First name Leo	Middle name Jose	Last name Sanchez	Suffix (examples: Sr., Jr., III, IV) N/A
Home Address 2867 Main St.			Apartment # 18
City (home address) Santa Ana	State CA	Zip Code 92701	County Orange
<input type="checkbox"/> Check here if you do not have a home address. You must give us a mailing address below.			
<input checked="" type="checkbox"/> Check here if your mailing address is the same as your home address. If it is not the same , you must give us your mailing address below:			
Mailing Address or P.O. Box (if different from home address) 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: (714) 555 - 6598		Other phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> Work Number: (714) 555 - 1183	
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: leosanchez@gmail.com			

Task 2 Assessment (cont.)

Person 1 Tell us about yourself				
First name Leo	Middle name Jose	Last name Sanchez	Suffix (examples: Sr., Jr., III, IV) N/A	Relationship to you Self
Are you: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Are you: <input type="checkbox"/> Single <input type="checkbox"/> Never married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Registered domestic partner <input type="checkbox"/> Widowed		
Date of birth (month/day/year) 12/15/85 (or 12/15/1985)		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>		
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 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.				
Social Security Number 780-62-3177		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		