

EL Civics Assessment Packet

Spring 2026

Beginning High



Health: COAAP 26.3

Name: _____ **Teacher:** _____
Last Name First Name
(exactly as name appears on registration form)

Student ID: _____ **Section #:** _____

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 style="border: 1px solid black; padding: 5px; text-align: center; background-color: #fff9c4;">AltaMed</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

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

	#1	#2	#3
Name			
Address			
Phone Number			
Hours			
Documentation Needed			

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	Middle name	Last name	Suffix (examples: Sr., Jr., III, IV) N/A	
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 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)				Apartment #
N/A				
City (home address)	State	Zip Code	County	
Best phone number to reach you		Other phone number		
<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		
Number: () -		Number: () -		
What language should we write to you in?		What language do you want us to speak to you in?		
English		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: _____				

Task 2 Assessment (cont.)

Directions: Use the information from the story on the previous page to fill out the low-cost medical application below. There are two pages and **sixteen** pieces of missing information. Fill in the information under the highlighted items. Be sure to write neatly.

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 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 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 _____ - _____ - _____		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		