

EL Civics Assessment Packet

Spring 2026

Beginning Low



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. Be sure to 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>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>#3</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;"> <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>Services</i> Primary Care, Pediatrics, Senior Care, Women's Health, Dentist</p> <p><i>Medical Hours</i> M/W/F 8 am - 5 pm T/Th 9 am - 5 pm</p> <p style="text-align: center;">AltaMed Your Community Health Network</p>
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Task 1 Assessment (cont.)

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

	#1	#2	#3
Name			
Address			
Phone Number			
Hours			

Task 2 Assessment (10 points possible)

Directions: Use the information from the story to fill out the low-cost medical application below. There are **eight** pieces of missing information. Write neatly.

Leo Jose Sanchez lives at 2867 Main St. Apartment 18, Santa Ana, California, 92701. He lives in the county of Orange. His mailing address is the same as his home address. His cell phone number is (714) 555-6598, his work phone is (714) 555-1183, and his email is leosanchez@gmail.com.

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)		
	Jose		N/A		
Home Address					Apartment #
2867 Main St.					18
City (home address)		State	Zip Code	County	
		CA			
<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 be 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: _____					