

*Do NOT copy
for students!*

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

Intermediate Low

Health: COAAP 26.3

Task 1 Assessment (4 pages) (14 points possible)

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

#1

UCI Health Family Health Center Santa Ana

Bringing health to our community one patient, one family at a time.



Office Information
800 N. Main St.
Santa Ana, CA 92701
Office Phone: 657-282-6355

Required: Picture ID

Hours

- Monday thru Friday —
7:30 a.m. to 8:00 p.m.
- Saturday — 8:00 a.m. to 5:00 p.m.

Services
Primary care, prenatal care, pediatrics, X-rays

#2



Lestonnac Free Clinic

1215 East Chapman Avenue
Orange, CA 92866
Phone: (714) 633-4600
info@lestonnacfreeclinic.org

Office Hours

- Monday – Saturday
9:00 a.m. – 12:00 p.m.
1:00 p.m. – 5:00 p.m.

Services
Primary care, physical therapy, dental care, vision care

*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.*

Documentation Needed: Picture ID

Task 1 Assessment (cont.)

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

	#1	#2
Name	UCI Health Family Health Center Santa Ana	Lestonnac Free Clinic
Address	800 N. Main St. Santa Ana, CA 92701	1215 East Chapman Avenue Orange, CA 92866
Phone Number	657-282-6355	(714) 633-4600
Hours	Monday thru Friday — 7:30 a.m. to 8:00 p.m. Saturday— 8:00 a.m. to 5 p.m.	Monday - Saturday 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 5:00 p.m.
Documentation Needed	Picture ID	Picture ID
Services Provided	Primary care, prenatal care, pediatrics, X-ray services	Primary care, physical therapy, dental care, vision care

Task 1 Assessment (cont.)

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

#3

**AltaMed Medical and Dental Group
Santa Ana, Main**

1400 North Main St.
Santa Ana, CA 92701
(888) 499-9303

Services
Primary Care, Pediatrics, Senior Care,
Women's Health, Dentist

Required Documentation
Picture ID and Insurance Card

Medical Hours
M/W/F 8 am - 5 pm
T/Th 9 am - 5 pm

AltaMed
Your Community Health Network

#4

Friendly Center

147 W. Rose Ave., Orange, CA 92867
(714) 771-5300
info@friendlycenter.org

Hours
Monday-Friday 8:30AM-5PM

Services
Mental health services

Required documentation: Picture ID



Friendly Center is a non-profit in Orange County providing stability, opportunity, and hope to children and families in poverty. By providing wrap-around services to the whole family unit, in addition to essential basic needs, we elevate families to overcome crisis and the barriers of poverty. Join us in strengthening families.

Task 1 Assessment (cont.)

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

	#3	#4
Name	AltaMed Medical and Dental Group (Santa Ana, Main)	Friendly Center
Address	1400 North Main St. Santa Ana, CA 92701	147 W. Rose Ave., Orange, CA 92867
Phone Number	(888) 499-9303	(714) 771-5300
Hours	M/W/F 8 am - 5 pm T/Th 9 am - 5 pm	Monday-Friday 8:30AM-5PM
Documentation Needed	Picture ID and Insurance Card	Picture ID
Services Provided	Primary Care, Pediatrics, Senior Care, Women's Health, Dental Care	Mental health services

Task 2 Assessment (2 pages) (16 points possible)

Directions: Using the information from the story below, fill out as completely as possible the low-cost medical application on this page and the next. If you do not have any information about a particular section, leave it blank. There are **thirty** pieces of information you will need to complete (including checkboxes). 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 (preferred) number is (714) 823-6598, and his work phone is (714) 256-1183. His preferred method of contact is email, which is leosanchez@gmail.com. His Social Security number is 780-62-3177, and his primary language is English. He’s applying for himself. His employer is Michael’s Pizzeria, where he earns \$3500 per month.

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 If yes, how many babies are expected? _____ What is the expected delivery date? _____		
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		

Tell us about your current job and how you get money <i>Attach an extra page if you need more space</i>	
Do you work now? <input checked="" type="checkbox"/> Yes <i>if yes</i> , answer the questions below <input type="checkbox"/> No <i>if no</i> , go to other income on this page	
Where do you work now? <i>If you have more jobs, attach another sheet of paper</i>	
JOB 1: How do you get paid?	<input type="checkbox"/> Hourly: How many hours per week? _____ <input type="checkbox"/> Daily: How many days per week? _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every six months <input type="checkbox"/> Yearly <input type="checkbox"/> One-time payment
Employer name Michael's Pizzeria	How much do you get paid (before taxes)? \$ 3500/mo
JOB 2: How do you get paid?	<input type="checkbox"/> Hourly: How many hours per week? _____ <input type="checkbox"/> Daily: How many days per week? _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every six months <input type="checkbox"/> Yearly <input type="checkbox"/> One-time payment
Employer name	How much do you get paid (before taxes)? \$ _____