

EL Civics Assessment Packet

Spring 2026

Intermediate Low



Health: COAAP 26.3

Name: _____ Teacher: _____

Last Name First Name

(exactly as name appears on registration form)

Student ID: _____ Section #: _____

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.)

	#1	#2
Name		
Address		
Phone Number		
Hours		
Documentation Needed		
Services Provided		

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.)

	#3	#4
Name		
Address		
Phone Number		
Hours		
Documentation Needed		
Services Provided		

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		Middle name		Last name
				Suffix (examples: Sr., Jr., III, IV)
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 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 #
City (home address)		State	Zip Code	County
Best phone number to reach you		Other phone number		
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: () -		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: () -		
What language should be write to you in?			What language do you want us to speak to you in?	
How would you like to get information about this application?				
<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email Email address: _____				

Task 2 Assessment (cont.)

Person 1 Tell us about yourself	
First name Middle name Last name Suffix (examples: Sr., Jr., III, IV)	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 type="checkbox"/> No <i>If yes, how many babies are expected?</i> _____ 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 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
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 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 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)? \$ _____
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)? \$ _____