

# EL Civics

## COAAP #26.3 – Health

*Identify and access free or low-cost medical, dental, and other health care services.*

### Student Activity Packet Level: Intermediate Low



**Name:** \_\_\_\_\_

To the Student:

EL Civics is a program that helps people who are new to the United States. You are going to study some EL Civics lessons. These lessons will help you connect learning English with your life, and the lessons will reflect your experiences as a community member, parent, and participant in the workforce. This student activity packet contains two tasks that you will learn about and practice:

- Task 1: Find information on low-cost health care.
- Task 2: Complete a low-cost medical care application.

After you complete these lessons, you will take a test that will assess your understanding and application of the material.

The test date is: \_\_\_\_\_.

## **Task 1: Find information on low-cost health care**

Assessment Task: Using a list from your teacher, you will identify four agencies that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. You will complete a chart listing each agency with items such as name, phone number, address, hours, services provided, and documentation needed.

## **Task 1 Handouts Provided**

Handout 1: Vocabulary

Handout 2: Discussion/Conversation Questions

Handout 3: Resource Guide: Low-cost/Free Health Care

Handout 4: Introduction: Low-cost/Free Health Care

Handout 5: Activity/Practice 1: Information Match

Handout 6: Activity/Practice 2: Fill In

Handout 7: Activity/Practice 3: Independent Practice

Handout 8: Practice Assessment











## Task 1 – Handout 1 (2 pages)

**VOCABULARY: Health Care**

1. documentation: the documents or records that are used to prove something or make something official.
2. urgent care: a place that treats injuries or illnesses requiring immediate care, but not serious enough to require an emergency room visit.
3. clinic: a place you go to for basic health care needs.
4. family practice: provides health care for individuals and families for an entire lifetime.
5. pharmacy: a place where drugs and medicines are prepared and sold.
6. dental care: oral care concerned with your teeth, gums, and mouth.
7. flu shot: a vaccine (shot) to keep you from getting the flu.
8. mental health care: care that focuses on the health and functioning of the mind.
9. pediatrics: deals with the development, care, and diseases of babies and children.
10. physical therapy: treatment of a disease or an injury of the muscles or joints with massage, exercises, heat, etc.
11. prenatal care: care that keeps pregnant women and their unborn baby healthy.
12. primary care: day-to-day healthcare given by a health care provider.
13. vision care: eye exams and check-ups that keep your eyes healthy.
14. X-rays: a test that allows a doctor to see inside your body.

Task 1 – Handout 1 (cont.)

**VOCABULARY: Health Care**

<b>Services Provided</b>	
<p><b>Dental Care</b></p> 	<p><b>Pediatrics</b></p> 
<p><b>Urgent Care</b></p> 	<p><b>Physical Therapy</b></p> 
<p><b>Family Care</b></p> 	<p><b>Prenatal Care</b></p> 
<p><b>Flu Shot</b></p> 	<p><b>Vision Care</b></p> 
<p><b>Mental Health Services</b></p> 	<p><b>X-rays</b></p> 

## Task 1 – Handout 2

**DISCUSSION/CONVERSATION QUESTIONS: Health Care**

Directions: Ask and answer the following questions with a partner.

1. Are you healthy?
2. Do you eat healthy food?
3. Do you exercise regularly?
4. Do you have allergies?
5. Do you go to the doctor regularly?
6. Do you go to the dentist regularly?
7. Do you get regular eye exams?
8. Have you ever had an X-ray taken?
9. Do you know where the nearest hospital is?
10. Do you know the difference between urgent care and the emergency room?

Task 1 – Handout 3 (3 pages)

**RESOURCE GUIDE: Low Cost/Free Health Care**

Specialty	Locations
<p><b>Primary or General Health Services</b></p>	<p><a href="#"><u>Lestonnac FREE Clinic</u></a> 1215 E. Chapman Ave., Orange, CA 92866, (714) 633-4600</p> <p><a href="#"><u>La Amistad Health Center</u></a> 725 W. La Veta Ave. Suite 260, Orange, CA 92868, (714) 771-8006</p> <p><a href="#"><u>Nhan Hoa Health Center</u></a> 7761 Garden Grove Blvd., Garden Grove, CA 92841, (714) 898-8888</p> <p><a href="#"><u>Serve the People – Community Health Center</u></a> 1206 E. 17<sup>th</sup> St., Suite 101, Santa Ana, CA 92701, (714) 352-2911</p> <p><a href="#"><u>Southland Integrated Services, Inc.</u></a> 9862 Chapman Ave., Garden Grove, CA 92841, (714) 620-7000</p>
<p><b>Children’s Health Services</b></p>	<p><a href="#"><u>Clinica CHOC Para Niños</u></a> 406 S. Main St., Santa Ana, CA 92701, (888) 457-1362</p> <p><a href="#"><u>Families Together of Orange County</u></a> 661 W. Tustin St., Tustin, CA 92780, (800) 597-7977</p> <p><a href="#"><u>Women, Infants, and Children (WIC) Orange County</u></a> (888) 968-7942</p>
<p><b>Dental Health Services</b></p>	<p><a href="#"><u>Nhan Hoa Health Center</u></a> 7761 Garden Grove Blvd., Garden Grove, CA 92841, (714) 898-8888</p> <p><a href="#"><u>Southland Integrated Services– Dental Services</u></a> 9862 Chapman Ave., Garden Grove, CA 92841, (714) 620-7001</p>
<p><b>Women’s Health Services</b></p>	<p><a href="#"><u>MOMS Orange County</u></a> 1128 W. Santa Ana Blvd., Santa Ana, CA 92703, (714) 972-2610</p> <p><a href="#"><u>Breast/Cervical Cancer Early Detection Program</u></a> (800) 511-2300</p> <p><b>Planned Parenthood</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Orange Health Center</u></a> 700 S. Tustin St., Orange, CA 92866, (714) 922-4100</li> <li>• <a href="#"><u>Santa Ana Health Center</u></a> 1421 E. 17<sup>th</sup> St., Santa Ana, CA 92705, (714) 922-4100</li> <li>• <a href="#"><u>Anaheim Health Center</u></a> 303 W. Lincoln Ave., #105, Anaheim, CA 92805, (714) 922-4100</li> </ul>

Task 1 – Handout 3 (cont.)

**RESOURCE GUIDE: Low Cost/Free Health Care**

Specialty	Locations
<p><b>Substance Abuse &amp; Counseling</b></p>	<p><a href="#"><u>Chapman House Behavioral Health Centers</u></a> 14511 Carfax, Tustin, CA 92780, (714) 831-5596</p> <p><a href="#"><u>Mariposa Women and Family Center</u></a> 1845 W. Orangewood Ave., Suite 300, Orange, CA 92868 (714) 547-6494</p> <p><a href="#"><u>Orange County Alcoholics Anonymous</u></a> 1526 Brookhollow Dr., Ste 75, Santa Ana, CA 92705 (714) 556-4555</p> <p><a href="#"><u>Orange County Health Care Agency</u></a> 401 W. Civic Center Dr., Ste. 800 Santa Ana, CA 92701, (714) 480-6767</p> <p><a href="#"><u>Phoenix House Santa Ana</u></a> 1207 E. Fruit St., Santa Ana, CA 92701, (800) 671-9392</p>
<p><b>Mental Health &amp; Counseling</b></p>	<p><a href="#"><u>AOABH College Community Services-Camino Nuevo Recovery</u></a> 2001 East 4<sup>th</sup> St., Ste. 200 &amp; 205, Santa Ana, CA 92705 (714) 824-8140</p> <p><a href="#"><u>Catholic Charities of Orange County – Counseling Center</u></a> 12141 S. Lewis St, 12<sup>th</sup> floor, Garden Grove, CA 92840 (714) 347-9613</p> <p><a href="#"><u>Center for Individual and Family Therapy</u></a> 1633 E. 4<sup>th</sup> St., Suite 120, Santa Ana, CA 92701, (714) 558-9266</p> <p><a href="#"><u>Community Action Partnership, Orange County (CAP-OC)</u></a> 11870 Monarch St., Garden Grove, CA 92841, (714) 897-6670</p> <p><a href="#"><u>Community Counseling and Supportive Services</u></a> Includes multicultural services, LGBTQ+, Veterans, and specialized services. 4000 W. Metropolitan, Suite 405, Orange, CA 92868 (714) 645-8000</p> <p><a href="#"><u>El Modena Center – FACES</u></a> 18672 E. Center St., Orange, CA 92869, (714) 532-3595</p> <p><a href="#"><u>Friendly Center</u></a> 147 Rose Ave., Orange, CA 92867, (714) 771-5300</p> <p><a href="#"><u>2-1-1 Orange County</u></a> Call 2-1-1 for information on any mental health services</p>

## Task 1 – Handout 4

**INTRODUCTION: Low Cost/Free Health Care**

Extra help for you and your family may be available. Here are some programs that you may qualify for:

**CalFresh** A program that helps people pay for food. Benefits are renewed monthly on a debit card that can be used to buy most foods at many markets and stores. It is also known as the Supplemental Nutrition Assistance Program (SNAP). Visit [www.calfresh.ca.gov](http://www.calfresh.ca.gov) for more information.

**CalWORKs** A program that gives cash assistance and support services to low-income families with children to help pay for housing, food, and other necessary expenses.

You may also find more information about these programs online:

**Access for Infants and Mothers (AIM):** A program that helps pregnant women get health care  
[aim.ca.gov](http://aim.ca.gov)

**Child Health and Disability Prevention (CHDP):** A preventive program that delivers periodic health assessments and services to low-income children  
[www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** A Medi-Cal program for children and young adults under the age of 21—it allows for regular checkups to identify health care needs, followed by diagnosis and treatment when necessary [www.dhcs.ca.gov/services/Pages/EPSDT.aspx](http://www.dhcs.ca.gov/services/Pages/EPSDT.aspx)

**Family Planning, Access, Care, Treatment (Family PACT):** A program that provides no-cost family planning services to low-income men and women, including teens [familypact.org](http://familypact.org)

**In-Home Supportive Services Program (IHSS):** A program that will help pay for services provided to you so that you can remain safely in your own home [www.cdss.ca.gov/agedblinddisabled/pg1296.htm](http://www.cdss.ca.gov/agedblinddisabled/pg1296.htm)

**Women, Infants, and Children (WIC):** A nutrition program for pregnant women, new mothers, and children under the age of 5  
[www.wicworks.ca.gov](http://www.wicworks.ca.gov)

Task 1 – Handout 5

**ACTIVITY/PRACTICE 1: Information Match**

Directions: Draw lines to match the words to the information.

<b>Name</b>	<b>Prenatal care</b>
<b>Documentation needed</b>	<b>Mon-Fri 9:00-5:00</b>
<b>Phone number</b>	<b>Picture ID</b>
<b>Services provided</b>	<b>UC Irvine Family Health Center</b>
<b>Address</b>	<b>(714) 354-9112</b>
<b>Hours</b>	<b>7761 Garden Grove Blvd., Garden Grove, CA 92841</b>

Documentation is often needed for health care services:

1. Picture ID



2. Insurance Card



Task 1 – Handout 6

**ACTIVITY/PRACTICE 2: Fill In**

Directions: Write the information in the box on the correct line.

**Part A.**

(800) 914-4887	1725 W. 17 <sup>th</sup> St., Santa Ana, CA 92706
Pediatrics	M-F 8:00 a.m. – 6:00 p.m.
Orange County Health Care Agency Children’s Clinic	Picture ID

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Hours: \_\_\_\_\_
5. Documentation needed: \_\_\_\_\_
6. Services provided: \_\_\_\_\_

**Part B.**

725 W. La Veta Ave. Suite 260, Orange, CA 92868	Mon-Fri 7:30-5:30; Sat 8:00-4:00
Prenatal Care and Women’s Health	(714) 771-8006
La Amistad Family Health Center	Insurance Card


1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Hours: \_\_\_\_\_
5. Documentation needed: \_\_\_\_\_
6. Services provided: \_\_\_\_\_

Task 1 – Handout 7

**ACTIVITY/PRACTICE 3: Independent Practice**

Directions: Read the information about the community health center. Fill in the chart below.

***Serve the People***



*Mission: To provide the physical, mental, emotional and mentoring needs of the poor, children, sick, needy, uneducated, oppressed and lost people. To serve people regardless of religion, ethnicity, race or gender with love, compassion and generosity.*

**Our Services**  
 At *Serve the People Community Health Center*, we offer a one-stop shop for health care services to persons of all ages. We provide medical, dental, vision, and mental health services available in one location.

**Location and Hours of Operation:**  
 1206 East 17th Street, Suite 101  
 Santa Ana, CA 92701  
 Tel. (714) 352-2911

**To Make an Appointment:**  
 Tuesday through Friday – 8:00am to 5:00pm  
 Saturday – 8:00am to 4:30pm

**Bring your picture ID to the health center.**

<b>1. Name</b>	
<b>2. Address</b>	
<b>3. Phone number</b>	
<b>4. Hours</b>	
<b>5. Documentation needed</b>	
<b>6. Services provided</b>	

Task 1 – Handout 8 (2 pages)

**PRACTICE ASSESSMENT: Low Cost/Free Health Care**

Directions: Look at the flyers below. Fill in the chart on the next page with the correct information. Be sure to write neatly.

**#1**  
**MOMS Orange County**



1128 W. Santa Ana Blvd.  
 Santa Ana, CA 92703  
 Tel. (714) 972-2610  
 Email: [info@momsorangecounty.org](mailto:info@momsorangecounty.org)

*MOMS Orange County is a nonprofit dedicated solely to newborn and pregnancy health.*

**Services**  
 Prenatal and women’s health care


**Office Hours**  
 M-F 9 a.m. to 5 p.m.  
 Closed Weekends

Documentation needed: Picture ID

**#2**  
**Southland Integrated Services--  
 Dental Services**

9862 Chapman Ave.  
 Garden Grove, CA 92841  
 (714) 620-7001  
[info@southlandintegrated.org](mailto:info@southlandintegrated.org)

**Hours**  
 Mon-Fri 8:00AM – 5:00PM



**Services**  
 Dental Care

*Southland’s dental clinic provides quality care to children and adults.*

**Required: Insurance Card**

Task 1 – Handout 8 (cont.)

**PRACTICE ASSESSMENT: Low Cost/Free Health Care**

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

	<b>#1</b>	<b>#2</b>
<b>Name</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Hours</b>		
<b>Documentation Needed</b>		
<b>Services Provided</b>		

## Task 2: Complete a low-cost medical care application.

Assessment Task: Given the personal history and information of another person, you will fill out an authentic low-cost medical care application.



### Task 2 Handouts Provided

- Handout 1: Vocabulary
- Handout 2: Discussion/Conversation Questions
- Handout 3: Activity/Practice 1: Picture Story
- Handout 4: Introduction: Applying for Health Insurance
- Handout 5: Activity/Practice 2: Application Information
- Handout 6: Activity/Practice 3: Partner Practice
- Handout 7: Practice Assessment

## Task 2 – Handout 1

**VOCABULARY: Medical Care Application**

1. application: a written request for something (a job, insurance, etc.)
2. health insurance: a program where you pay each month and then the program pays for your health care
3. marital status: the state of being married or not married
4. widowed: used to describe a woman or man whose spouse has died
5. coverage: the financial protection that is provided by an insurance policy
6. submit: to give a document to someone so that it can be considered or approved
7. qualify: to have the right to do, have, or be a part of something
8. Social Security number (SSN): a nine-digit number given to U.S. citizens, permanent residents, and temporary residents
9. income: money that is earned from work, investments, business, etc.
10. employer: a person or company that has people who do work for wages or a salary
11. pay frequency: the amount of time between an employee's paydays
12. quarterly: happening, done, or produced four times a year



## Task 2 – Handout 2

**DISCUSSION/CONVERSATION QUESTIONS: Medical Care Application**

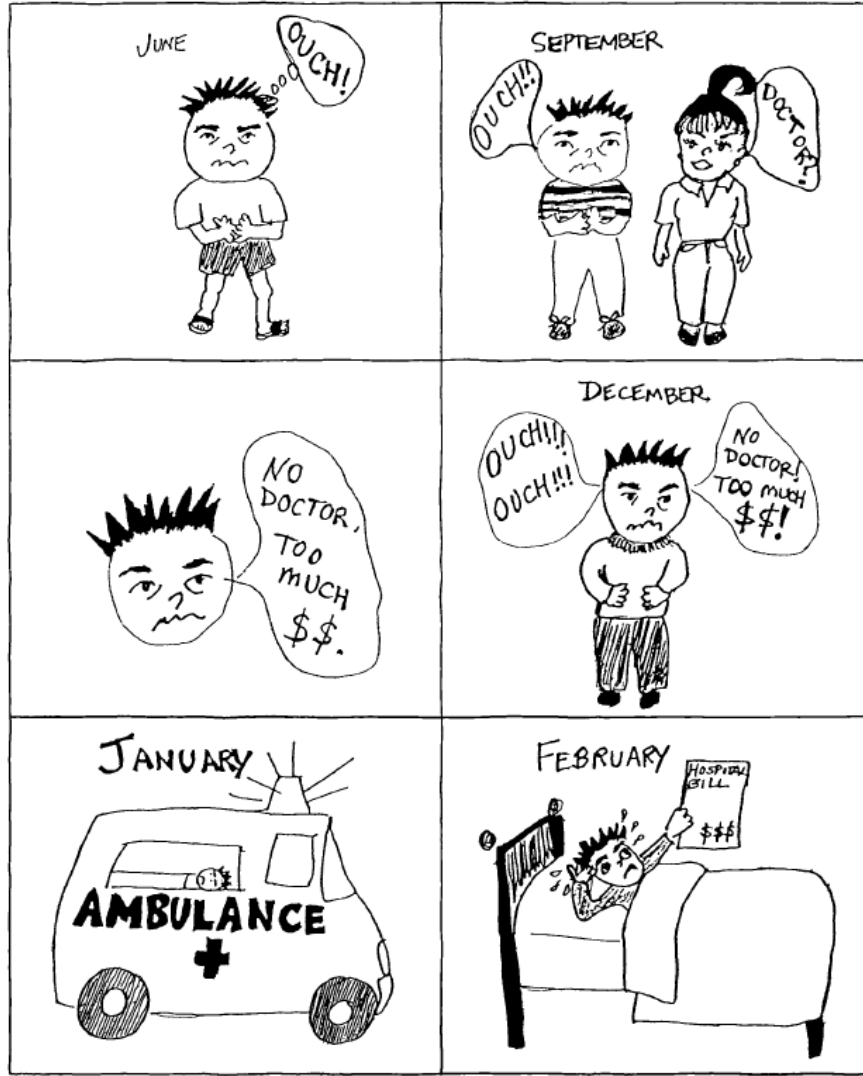
Directions: Ask and answer the following questions with a partner.

1. What are the health services like in your country?
2. What do you think of the health services in this country?
3. Which country do you think has the best health care? Why?
4. Do you know how to fill out an application?
5. Does your country have health insurance?
6. What do you know about health services and health insurance in California?
7. What would you like to know about health services and health insurance in California?  
Write your questions down here and discuss with your class.

Task 2 – Handout 3

**ACTIVITY/PRACTICE 1: Picture Story**

Directions: Look at the pictures below. Talk about what you see with your teacher or a partner. Then answer the questions below.



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[http://www.cal.org/caela/esl\\_resources/Health/#Doctor](http://www.cal.org/caela/esl_resources/Health/#Doctor)

1. Can the man do anything different in June so he will not have a big problem in January?
2. Can he go somewhere else to see a doctor?
3. Can he get health insurance?

Task 2 – Handout 4

**Introduction: Applying for Health Insurance**

Having health insurance in the United States is important because:

- it will protect you and your family from high medical bills and debt.
- it can help you and your family stay healthy.

If you don't have health insurance, there may be a low-cost or free clinic near your home. Look at the list of health care services on previous pages of this packet. Find the phone number of a clinic near your house and call to see if you can get help there. Sometimes you need to wait a few weeks for your first appointment because the clinics are busy.

**The best way to pay for health care is to have health insurance.**

You can apply through Covered California at [CoveredCA.com](http://CoveredCA.com)

Or call: 1-800-300-1506



Covered California is the place where individuals and families can get low-cost health insurance in California. With just one application, you'll find out if you qualify for free or low-cost health insurance.

**Option 1: Medi-Cal Program**

This is a state-run program for low-income individuals and families. If you qualify (your income is below a certain level), you will get free health insurance.

**Option 2: Covered California**

This is an online marketplace where you can buy private insurance. Financial help is available to many middle and lower income individuals.

**Income:** money that is earned from work

You may need to give information about your income to apply for health insurance.

*Pay stub:*

SEQ: 18315		COMPANY, INC.		EARNINGS STATEMENT		
EMPLOYEE NAME/ADDRESS		SSN	EMP. ID	PAY PERIOD	PAY DATE	
JOHN ADAMS		XXX-XX-6878	1234	05/01/2018 TO 05/07/2018	05/08/2018	
STREET NAME, CITY, STATE 12345						
INCOME	RATE	HRS	CURRENT PAY	DEDUCTIONS	TOTAL TAX	YTD TOTAL
GROSS EARNINGS	20.00	40.00	800.00	FEDERAL TAX	83.50	1588.50
				STATE TAX	36.23	745.37
				FICA - SOCIAL SECURITY	48.80	842.40
				FICA - MEDICARE	11.88	291.44

*Federal tax info:*

**W-4 Employee's Withholding Allowance Certificate**

OMB No. 1545-0047  
2018

1 Your first name and middle initial: Last name: 2 Your social security number: XXX-XX-XXXX

3 Home address number and street or rural route: 4 Single  Married  Married, but without a higher single rate. Head of household  Widowed  Married, but without a higher single rate.

5 City or town, state, and ZIP code: 6 If your last name differs from that shown on your social security card, check here. You must call 800-775-5273 for a replacement card.

7 Total number of allowances you're claiming from the appropriate worksheet on the following pages: 8 Additional amount, if any, you want withheld from each paycheck. 9 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.

Employee's signature: (This form is not valid unless you sign it.) I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

10 Employee's name and address (Employer completes lines 8 and 10 if sending to IRS and complete lines 8, 9, and 10 if sending to State Director of New Taxes.) 11 First date of employment: 12 Employer identification number (EIN):

Task 2 – Handout 5

**ACTIVITY/PRACTICE 2: Application Information**

Directions: Look at the personal information about Linh.

<b>First name</b>	Linh	
<b>Middle name</b>	Thi	
<b>Last name</b>	Lam	
<b>Date of birth</b>	August 14, 1979	
<b>Marital status</b>	Married	
<b>Home address</b>	1764 Batavia St.	
<b>Apartment #</b>	16	
<b>City</b>	Orange	
<b>State</b>	CA	
<b>Zip code</b>	92868	
<b>County</b>	Orange	
<b>Mailing address</b>	Same as home address	
<b>Cell phone</b>	714-657-3489	
<b>Work phone</b>	714-221-8974	
<b>Email address</b>	linh_lam@gmail.com	
<b>Language</b>	English	
<b>Social Security number</b>	078-42-1182	
<b>Employer</b>	Costco	
<b>Income</b>	\$3500/month	

Answer the following questions:

1. What is the person’s full name? \_\_\_\_\_
2. What is her home address? \_\_\_\_\_
3. What is her mailing address? \_\_\_\_\_
4. What is her date of birth? \_\_\_\_\_
5. What is her marital status? \_\_\_\_\_
6. What is her cell phone number? \_\_\_\_\_
7. What is her email address? \_\_\_\_\_
8. What is her SSN? \_\_\_\_\_
9. Who is her employer? \_\_\_\_\_
10. How much is her income? \_\_\_\_\_

Task 2 – Handout 6 (2 pages)

**ACTIVITY/PRACTICE 3: Partner Practice**


For this activity, you will need to work with a partner. One of you will be Student A and the other will be Student B. Follow the directions carefully.

**STUDENT A**

Directions for Student A: Ask your partner questions about Jim Jackson. Do not look at the next page! Fill out the chart.

<b>First name</b>	
<b>Last name</b>	
<b>Marital status</b>	
<b>Home address</b>	
<b>Apartment #</b>	
<b>Cell phone number</b>	
<b>Social Security number</b>	
<b>Employer</b>	
<b>Income</b>	
<b>Pay frequency</b>	

Directions for Student A: Listen. Your partner will now ask you questions about Maria Lopez. Look at the information below and answer the questions.


	<p>Maria Lopez lives in Santa Ana, CA. She is divorced. She works for Priscilla’s Hair Salon. She gets paid weekly and makes \$18/hour. Her address is 1816 Main Street. She lives in apartment #38. Her cell phone number is 714-348-7847. Her SSN is 714-45-8927.</p>
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Task 2 – Handout 6 (cont.)

**ACTIVITY/PRACTICE 3: Partner Practice**

**STUDENT B**

Directions for Student B: Listen. Your partner will ask you questions about Jim Jackson. Look at the information below and answer the questions.

<p>Jim Jackson lives in Orange, CA. He is single. His cell phone number is 714-980-5429. His address is 7341 Chapman Ave. He lives in apartment #14. His SSN is 728-18-3286. He works for OC Limousine and makes \$20 an hour. He gets paid monthly.</p>	
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Directions for Student B: Now it's your turn to ask your partner questions about Maria Lopez. Do not look at the previous page! Fill out the chart.

<b>First name</b>	
<b>Last name</b>	
<b>Marital status</b>	
<b>Home address</b>	
<b>Apartment #</b>	
<b>Cell phone number</b>	
<b>Social Security number</b>	
<b>Employer</b>	
<b>Income</b>	
<b>Pay frequency</b>	

Task 2 – Handout 7 (2 pages)

**PRACTICE ASSESSMENT: Medical Care Application**

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:**

Ana Luisa Martinez lives at 1855 Orangewood Ave., Apartment 21, Orange, California, 92868. She lives in the county of Orange. Her mailing address is the same as her home address. She is widowed, and her date of birth is 11/18/1970. Her cell phone (preferred) number is (714) 622-5864 and her work phone is (714) 187-9943. Her preferred method of contact is email, which is anamartinez@gmail.com. Her Social Security Number is 706-26-3446 and her primary language is English. She’s applying for herself only. Her employer is Jay’s Hardware Store, where she earns \$17 an hour. She is paid every two weeks.

<b>Step 1: Tell us about the adult who will be our main contact for this application</b>				
First name	Middle name	Last name	Suffix (examples: Sr., Jr., III, IV)	
<b>Home Address</b>				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. <b>If it is not the same, you must give us your mailing address below:</b>				
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 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: (     )     -			Other phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number: (     )     -	
What language should we 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 – Handout 7 (cont.)

**PRACTICE ASSESSMENT: Medical Care Application**

Person 1 Tell us about yourself				
First name	Middle name	Last name	Suffix (examples: Sr., Jr., III, IV)	Relationship to you <b>Self</b>
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? _____		
<b>Applying for health insurance</b> <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		

<b>Tell us about your current job and how you get money</b> <i>Attach an extra page if you need more space</i>	
Do you work now? <input type="checkbox"/> Yes <b><i>if yes</i></b> , answer the questions below <input type="checkbox"/> No <b><i>if no</i></b> , go to other income on this page	
<b>Where do you work now?</b> <i>If you have more jobs, attach another sheet of paper</i>	
<b>JOB 1:</b> 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)? \$ _____
<b>JOB 2:</b> 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)? \$ _____