

**EL Civics Objective 26.3 – Health
Level: Beginning High BH**

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



Teacher Guide & Answer Key Tasks 1 & 2 – Beginning High

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EL Civics Objective 26.3 - Health Level: Beginning High BH



Task 1: Find information on low-cost health care

CIVIC OBJECTIVE

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

LANGUAGE & LITERACY OBJECTIVES

In this lesson, students will learn to:

2. Identify low-cost health care or health care services (e.g., substance abuse, etc.) in the community.
6. Ask/answer simple questions about services and hours of local health agencies.

ASSESSMENT TASK – 8 points possible

Using sources such as the internet or teacher generated list, etc., student will identify a level-appropriate number of agencies (BH=3) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Student will complete a chart listing each agency with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.

COR CONTENT REPRESENTED

- short conversations about familiar topics
- information & ideas, turns in interactions, simple questions (WH- questions)
- meaning of high-frequency words
- items using written information
- skimming & scanning strategies


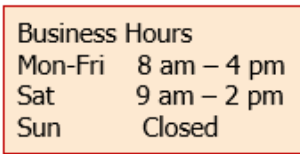
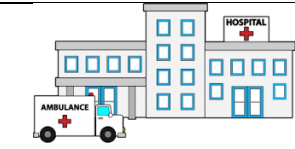

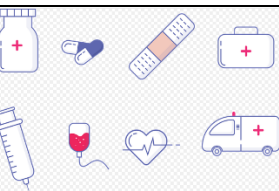


HANDOUTS PROVIDED

- Handout 1: Vocabulary
- Handout 2: Discussion/Conversation Questions
- Handout 3: Resource Guide
- Handout 4: Introduction
- Handout 5: Activity/Practice 1: Matching
- Handout 6: Activity/Practice 2: Fill In
- Handout 7: Activity/Practice 3: Chart
- Handout 8: Practice Assessment

Task 1 – Handout 1

VOCABULARY: Health Care

Directions: Read and say each word. Copy it. Look at the picture.

| Words | Copy the words below. | Image | Definition |
|-------------------------|-----------------------|--|--|
| 1. appointment | _____ |  | agreement to meet at a specific time |
| 2. hours | _____ |  | the days and times that a business is open |
| 3. hospital | _____ |  | a place where sick or injured people are given care |
| 4. clinic | _____ |  | a place you go to for basic health care needs |
| 5. medical | _____ |  | relating to medicine |
| 6. dental | _____ |  | relating to teeth |
| 7. documentation | _____ |  | documents or records that are used to prove something or make something official |

Task 1 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Health Care

Directions: Ask and answer the following questions with a partner. Use the box on the bottom of the page to help you.

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 know where the nearest hospital is?

| Questions | Answers |
|--|-----------------------------------|
| 1. Are you healthy? | Yes, I am. <i>or</i> No, I'm not. |
| 2. Do you go to the doctor regularly? | Yes, I do. <i>or</i> No, I don't. |
| 3. Do you go to the dentist regularly? | Yes, I do. <i>or</i> No, I don't. |

Task 1 – Handout 3 (2 pages)

RESOURCE GUIDE: Low-Cost/Free Health Care

| Specialty | Locations |
|---|---|
| Primary or General Health Services | <p><u>Lestonnac FREE Clinic</u> 1215 E. Chapman Ave., Orange, CA 92866 (714) 633-4600</p> <p><u>La Amistad Health Center</u> 725 W. La Veta Ave. Suite 260 Orange, CA 92868 (714) 771-8006</p> <p><u>Nhan Hoa Health Center</u> 7761 Garden Grove Blvd. Garden Grove, CA 92841 (714) 898-8888</p> <p><u>Serve the People – Community Health Center</u> 1206 E. 17th St., Suite 101 Santa Ana, CA 92701 (714) 352-2911</p> <p><u>UCI Family Health Center Santa Ana</u> 800 N. Main Street, Santa Ana, CA 92701 (657) 282-6355</p> |
| Children’s Health Services | <p><u>Clinica CHOC Para Niños</u> 406 S. Main St., Santa Ana, CA 92701 (888) 457-1362</p> <p><u>Families Together of Orange County</u> 661 W. Tustin St., Tustin, CA 92780 (800) 597-7977</p> |
| Dental Health Services | <p><u>Nhan Hoa Health Center</u> 7761 Garden Grove Blvd., Garden Grove, CA 92841 (714) 898-8888</p> <p><u>Southland Integrated Services– Dental Services</u> 9862 Chapman Ave., Garden Grove, CA 92841 (714) 620-7000</p> |

Task 1 – Handout 3, cont.

| Specialty | Locations |
|--------------------------------|---|
| Women’s Health Services | <p><u>MOMS Orange County</u> 1128 W. Santa Ana Blvd., Santa Ana, CA 92703 (714) 972-2610</p> <p><u>Breast/Cervical Cancer Early Detection Program</u> (800) 511-2300</p> <p>Planned Parenthood</p> <ul style="list-style-type: none"> • <u>Orange Health Center</u> 700 S. Tustin St., Orange, CA 92866 (714) 922-4100 • <u>Santa Ana Health Center</u> 1421 E. 17th St., Santa Ana, CA 92705 (714) 922-4100 • <u>Anaheim Health Center</u> 303 W. Lincoln Ave. #105, Anaheim, CA 92805 (714) 922-4100 |
| Mental Health Services | <p><u>OC Health Care Agency Mental Health and Recovery Services</u></p> <p><u>NAMI Orange County</u> 1810 East 17th St., Santa Ana, CA 92705 714-544-8488</p> <p><u>UCI Family Health Center Santa Ana</u> 800 N. Main Street, Santa Ana, CA 92701 (657) 282-6355</p> <p><u>2-1-1 Orange County</u> 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:

1. **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 [CalFresh](#) for more information.
2. **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. Visit [CalWORKs](#).
3. **Access for Infants and Mothers (AIM):** A program that helps pregnant women get health care: [AIM](#).
4. **Child Health and Disability Prevention (CHDP):** A preventive program that delivers periodic health assessments and services to low-income children. [CHDP](#)
5. **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. [EPSDT](#)
6. **Family Planning, Access, Care, Treatment (Family PACT):** A program that provides no-cost family planning services to low-income men and women, including teens. [Family PACT](#)
7. **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. [IHSS](#)
8. **Women, Infants and Children (WIC):** A nutrition program for pregnant women, new mothers, and children under the age of 5. [WIC](#)

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. 17th St., Santa Ana, CA 92706

Picture ID

M-F 8:00 a.m. – 6:00 p.m.

Orange County Health Care Agency Children’s Clinic

1. Name: Orange County Health Care Agency Children’s Clinic
2. Address: 1725 W. 17th St., Santa Ana, CA 92706
3. Phone number: (800) 914-4887
4. Hours: M-F 8:00 a.m. – 6:00 p.m.
5. Documentation needed: Picture ID

Part B.

725 W. La Veta Ave. Suite 260, Orange, CA 92868

Mon-Fri 7:30-5:30; Sat 8:00-4:00

(714) 771-8006

La Amistad Family Health Center

Insurance Card

1. Name: La Amistad Family Health Center
2. Address: 725 W. La Veta Ave. Suite 260, Orange, CA 92868
3. Phone number: (714) 771-8006
4. Hours: Mon-Fri 7:30-5:30; Sat 8:00-4:00
5. Documentation needed: Insurance Card

Task 1 – Handout 7

ACTIVITY/PRACTICE 3: Chart

Directions: Read the information about the dental clinic. Fill in the chart below.

West Coast University
Founded 1909
**FREE Dental Hygiene Services
 for the Community!**

**Dental
 Hygiene
 Clinic**

To schedule an appointment:
 Call now, 877-928-2546 (Bring a Picture ID)
WCU Dental Hygiene Clinic is open:
 Mon-Thur 7:00am-8:30pm Fri 7:00am-5:00 pm
 The clinic is closed when the University is not in session and on all major holidays.
WCU Dental Hygiene Clinic is located:
 4th floor of the Orange County campus
 1477 South Manchester Ave, Anaheim, CA 92802
Please bring a Picture ID

You can write 1-5 on your paper and answer.

| Information | Answer |
|--------------------------------|--|
| 1. Name | West Coast University Dental Hygiene Clinic |
| 2. Address | 1477 South Manchester Ave, Anaheim, CA 92802 |
| 3. Phone number | 877-928-2546 |
| 4. Hours | Mon-Thur 7:00am-8:30pm; Fri 7:00am-5:00pm |
| 5. Documentation Needed | Picture ID |

Task 1 – Handout 8

PRACTICE ASSESSMENT: Low Cost/Free Health Care

Directions: Look at the flyers. Write the numbers on your paper and answer 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

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

Documentation needed: Picture ID

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

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

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

Hours
Mon-Fri 8:00AM – 5:00PM



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

Required: Insurance Card

- 1 A. Name: Mom's Orange County
1 B. Address: 1128 W. Santa Ana Blvd.
Santa Ana, CA 92703
1 C. Phone: (714) 972-2610
1 D. Hours: M-F 9 am to 5 pm
1 E. Documentation Needed: Picture ID

- 2A. Name: Southland Integrated Services
2B. Address: 9862 Chapman Ave,
Garden Grove, CA 92841
2C. Phone: (714) 620-7001
2D. Hours: Mon-Fri 8am-5pm
2E. Documentation Needed: Insurance Card

**EL Civics Objective 26.3 - Health
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Task 2: Complete a low-cost medical care application

CIVIC OBJECTIVE

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

LANGUAGE & LITERACY OBJECTIVES

In this lesson, students will learn to:

- 7. Complete an application for low-cost health services.

ASSESSMENT TASK – 10 points possible

Given a level-appropriate agency-created personal history, student will fill out an authentic low-cost medical care application with a reduced number of sections that student needs to complete.

COR CONTENT REPRESENTED

- locate specific details in a short form, multi-sentence paragraph, or dialogue
- ask & answer simple questions
- read & demonstrate understanding of short, simplified narrative or informational text on familiar topics using learned vocabulary & sentence patterns
- fill out simple forms
- terms on forms
- yes, no, or, and wh- questions







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

Directions: Read and say each word. Copy it. Look at the picture.

| Words | Copy the words below. | Image | Definition |
|--|-----------------------|---|--|
| 1. application | _____ |  | a written request for something (a job, insurance, etc.) |
| 2. health insurance | _____ _____ |  | program where you pay each month and then the program pays for your health care |
| 3. marital status | _____ | <input checked="" type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed | 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 | _____ | Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/> | 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 |

Task 2 – Handout 2

DISCUSSION/CONVERSATION QUESTIONS: Medical Care Application

Directions: Ask and answer the following questions with a partner. Use the box on the bottom of the page to help you.

1. What are the health services like in your country?
2. What do you think of the health services in this country?
3. Do you know how to fill out an application?
4. Do you know how to apply for health insurance?
5. Do you have any questions about health services and health insurance in the U.S.? Write them down here and discuss with your class.

| Questions | Answers |
|--|-----------------------------------|
| 1. Do you know how to fill out an application? | Yes, I do. <i>or</i> No, I don't. |
| 2. Do you know how to apply for health insurance? | Yes, I do. <i>or</i> No, I don't. |
| 3. What do you think of the health services in this country? | I think _____. |

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

1. Can the man do anything different in June so he will not have a big problem in January?

Possible answer: He could go to a medical clinic.

2. Can he go somewhere else to see a doctor?

Possible answer: He could go to a low-cost or free medical clinic.

3. Can he get health insurance?

Possible answer: Yes, he can apply for health insurance. He may qualify for free 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 page 5 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

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 have information about your income to apply for health insurance.

Pay stub:

| SEQ: 103HS | | COMPANY, INC. | | EARNINGS STATEMENT | |
|---|---------|---------------|-----------|------------------------|-----------------|
| EMPLOYEE NAME/ADDRESS | | SSN | EMP. ID | START DATE | END DATE |
| JOHN ADAMS STREET NAME, CITY, STATE, ZIP | | XXX-XX-5678 | 9876 | 01/01/2018 | 12/31/2018 |
| INCOME | | FEDERAL TAX | STATE TAX | FICA - SOCIAL SECURITY | FICA - MEDICARE |
| GRAND EARNINGS | 250,000 | 45,000 | 9,000 | 3,000 | 3,000 |

Federal tax info:



*low-income: small salary; little money

Task 2 – Handout 5

ACTIVITY/PRACTICE 2: Application Information

Directions: Look at the personal information about Linh.

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



Now answer the following questions:

1. What is the person's full name? **Linh Thi Lam**
2. What is her home address? **1764 Batavia St.**
3. What is her mailing address? **Same as home address**
4. What is her date of birth? **8/14/1979**
5. What is her marital status? **Married**
6. What apartment does she live in? **#16**
7. What county does she live in? **Orange**
8. What is her cell phone number? **714-657-3489**
9. What is her work phone number? **714-221-8974**
10. What is her email address? **linh_lam@gmail.com**
11. What is her SSN? **078-42-1182**

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.

| Information | Answer |
|-------------------------------|------------------|
| First name | Jim |
| Last name | Jackson |
| Marital status | Single |
| Home address | 7341 Chapman Ave |
| Apartment # | 14 |
| City | Orange |
| State | CA |
| Zip code | 92868 |
| Cell phone number | 714-980-5429 |
| Social Security number | 728-18-3286 |

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



Maria Lopez lives in Santa Ana, CA. She is divorced. Her address is 1816 Main Street. Her zip code is 92703. She lives in apartment #38. Her cell phone number is 714-348-7847. Her SSN is 714-45-8927.

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.



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 zip code is 92868. His SSN is 728-18-3286.

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.

| Information | Answer |
|------------------------|------------------|
| First name | Maria |
| Last name | Lopez |
| Marital status | Divorced |
| Home address | 1816 Main Street |
| Apartment # | 38 |
| City | Santa Ana |
| State | CA |
| Zip code | 92703 |
| Cell phone number | 714-348-7847 |
| Social Security number | 714-45-8927 |

Task 2 – Handout 7 (2 pages)

PRACTICE ASSESSMENT: Medical Care Application

Directions: Use the information in the story to fill out the low-cost medical application on this page and the next page. Write the numbers 1-16 on your paper and write the answers for the highlighted items. 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. She is widowed, and her date of birth is 11/18/1970. Her mailing address is the same as her home address. Her cell phone number is (714) 622-5864, her work phone is (714) 187-9943, and her email address is anamartinez@gmail.com. She prefers to communicate in English, and her Social Security number is 706-26-3446.

| 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) | |
| Ana | Luisa | Martinez | N/A | |
| Home Address | | | | Apartment # |
| 1855 Orangewood Ave. | | | | 21 |
| City (home address) | State | Zip Code | County | |
| Orange | CA | 92868 | 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) | | | | 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: (714) 622 - 5864 | | Number: (714) 187 - 9943 | | |
| 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: <u>anamartinez@gmail.com</u> | | | | |

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 |
| Ana | Luisa | Martinez | N/A | Self |
| Are you: <input type="checkbox"/> Male <input checked="" 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 checked="" type="checkbox"/> Widowed | | |
| Date of birth (month/day/year) 11/18/70 (or 11/18/1970) | | 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 706-26-3446 | | 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 | | |