

**EL Civics Objective 26.3 – Health
Level: Beginning Low BL**

**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 Low

For instructors only



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EL Civics Objective 26.3 - Health

Level: Beginning Low BL



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 OBJECTIVE

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 (BL=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

- key words & phrases in oral communication
- simple questions
- vocabulary in context
- basic information
- basic needs
- skimming and scanning strategies
- yes, no, and "wh" questions

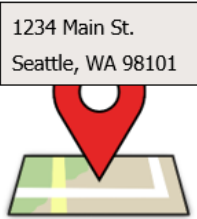
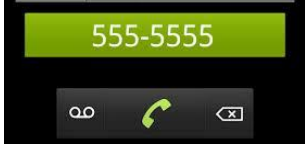
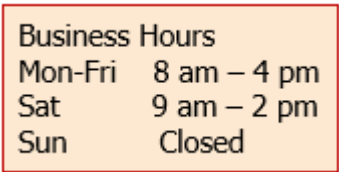




HANDOUTS PROVIDED

Handout 1: Vocabulary
 Handout 2: Discussion/Conversation Questions
 Handout 3: Resource Guide
 Handout 4: Activity/Practice 1: Information Match
 Handout 5: Activity/Practice 2: Fill In
 Handout 6: Activity/Practice 3: Independent Practice
 Handout 7: 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	Image
1. address	_____	
2. phone number	_____	
3. hours	_____	
4. hospital	_____	
5. clinic	_____	
6. medical	_____	
7. dental	_____	

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

Task 1 – Handout 3

RESOURCE GUIDE: Low Cost/Free Health Care

Specialty	Locations
<p>Primary or General Health Services</p>	<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>
<p>Children’s Health Services</p>	<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>
<p>Dental Health Services</p>	<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

ACTIVITY/PRACTICE 1: Information Match

Directions: Match the words to the information.

Name (800) 511-2300

Phone number Mon-Fri 9:00-5:00

Address UC Irvine Family Health Center

Hours 7761 Garden Grove Blvd.,
Garden Grove, CA 92841

Now practice with a partner:

1. What's the name?
2. What's the address?
3. What's the phone number?
4. What are the hours?

Task 1 – Handout 5

ACTIVITY/PRACTICE 2: Fill In

Directions: Write the information on the correct line. (Or write 1, 2, 3, 4 on your paper and answer).

Part A.

(800) 914-4887

1725 W. 17th St., Santa Ana, CA 92706

Orange County Health Care Agency Children’s Clinic

8:00 a.m. – 6:00 p.m.

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: 8:00 a.m. – 6:00 p.m.

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

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

Task 1 – Handout 6

ACTIVITY/PRACTICE 3: Independent Practice

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
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

You can write 1, 2, 3, 4 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

Task 1 – Handout 7

PRACTICE ASSESSMENT: Low Cost/Free Health Care

Directions: Look at the flyers. Answer the questions with the correct information. 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.

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 serves children and adults. The clinic provides comprehensive exams, diagnosis, and treatment plans.

- 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 8:30 am to 5 pm**

- 2 A. Name: **Southland Integrated Services (Dental Services)**
- 2 B. Address: **9862 Chapman Ave, Suite B Garden Grove, CA 92841**
- 2 C. Phone: **(714) 620-7001**
- 2 D. Hours: **Mon-Fri 7am-7pm, Sat 8-5**

**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

- fill out basic forms
- vocabulary in context
- basic information
- basic needs
- specific information
- features of text (titles, charts)
- terms on simplified forms
- yes, no, and “wh” questions





HANDOUTS PROVIDED

- Handout 1: Vocabulary
- Handout 2: Discussion/Conversation Questions
- Handout 3: Activity/Practice 1: What’s the Problem?
- Handout 4: Introduction: Applying for Health Insurance
- Handout 5: Activity/Practice 2: Personal 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	Image						
1. application	_____							
2. first name	_____	<table border="1" data-bbox="1052 625 1458 699"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
3. middle name	_____	<table border="1" data-bbox="1052 751 1458 825"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
4. last name	_____	<table border="1" data-bbox="1052 898 1458 972"> <tr> <td>John</td> <td>Steven</td> <td>Williams</td> </tr> <tr> <td>First</td> <td>Middle</td> <td>Last</td> </tr> </table>	John	Steven	Williams	First	Middle	Last
John	Steven	Williams						
First	Middle	Last						
5. home address	_____	 <p>2045 Main St.</p>						
6. mailing address	_____	<p>2045 Main St. OR PO Box 123</p> 						
7. zip code	_____	<p>8045 E. Chapman Ave. Orange, CA 92869</p>						
8. health insurance	_____	 <p>Photo Marco Verch and CC License</p>						

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.

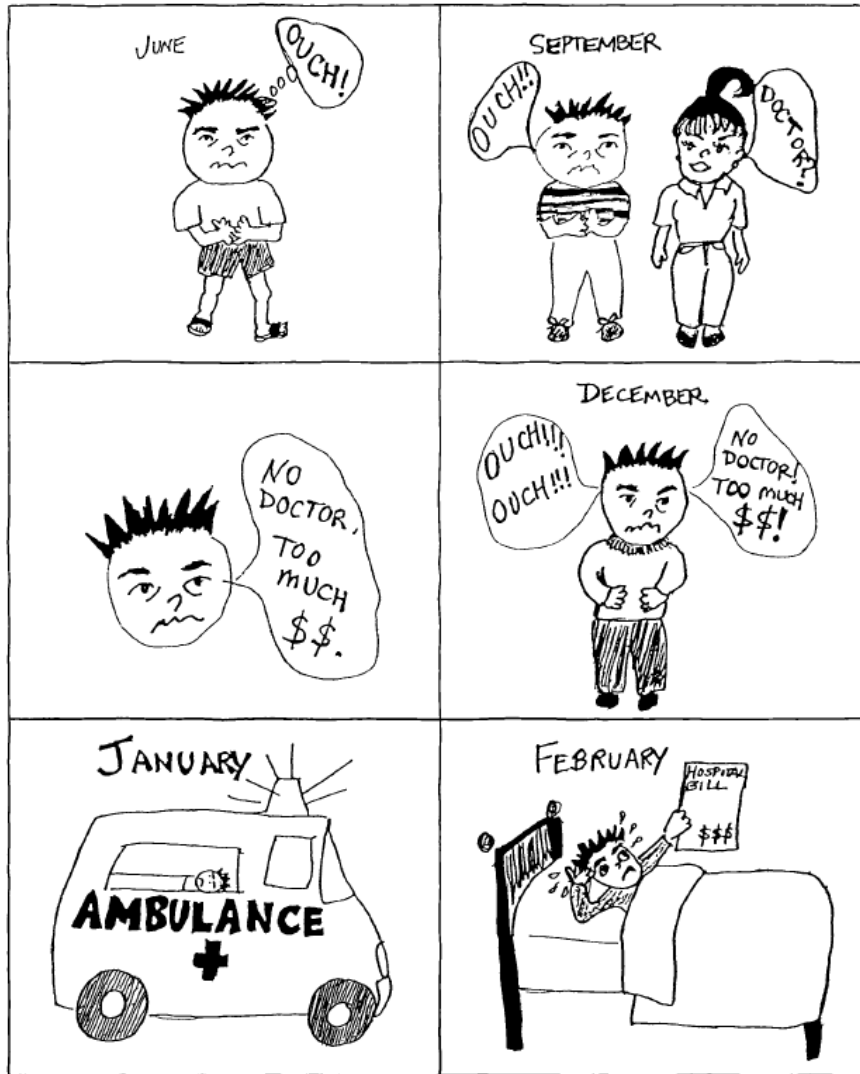
1. What is your first name?
2. What is your last name?
3. Do you have a middle name?
4. What is your home address?
5. Is your mailing address the same as your home address? If not, what is it?
6. What is your zip code?
7. What is your cell phone number?
8. Do you have an email address?
9. Do you know how to fill out an application?

Questions	Answers
Do you have a middle name?	Yes, I do. <i>or</i> No, I don't.
What is your home address?	It is _____.
Is your mailing address the same as your home address?	Yes, it is. <i>or</i> No, it isn't.

Task 2 – Handout 3

ACTIVITY/PRACTICE 1: What's the Problem?

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



Copyright 2001 Kate Singleton

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 & 6 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:

EMPLOYEE NAME/ADDRESS		SOCN		EMP. ID	PAY PERIOD	PAY DATE	
JOHN ADAMS STREET NAME, CITY, STATE, ZIP		XXX-XX-XXXX		0001	01/01/2018 01/15/2018	01/15/2018	
INCOME		NET	TOTAL	COURTESY PAY	DEDUCTIONS	TOTAL TAX	
GROSS EARNINGS		\$15,000	\$15,000	\$0.00	FEDERAL TAX STATE TAX FICA - SOCIAL SECURITY FICA - MEDICARE	\$2,500 \$625.00 \$4,500 \$1,400	\$12,500 \$4,500 \$14,000 \$14,000

Federal tax info:

*low-income: small salary; little money

Task 2 – Handout 5

ACTIVITY/PRACTICE 2: Personal Information

Directions: Look at the personal information about Linh.

Information	Answer
First name	Linh
Middle name	Thi
Last name	Lam
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



Now answer the following questions:

1. What is the person's 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 zip code? **92868**
5. What city does she live in? **Orange**
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**

Task 2 – Handout 6

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! Write the answers.

Information	Answer
First name	Jim
Last name	Jackson
Home address	7341 Chapman Ave.
Apartment #	14
City	Orange
State	CA
Zip code	92868
Cell phone number	714-980-5429

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. Her address is 1816 Main Street. Her zip code is 92703. She lives in apartment #38. Her cell phone number is 714-348-7847.

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. His cell phone number is 714-980-5429. His address is 7341 Chapman Ave. He lives in apartment #14. His zip code is 92868.

Directions for Student B: Now it's your turn to ask your partner questions about Maria Lopez. Do not look at the previous page! Write the answers.

Information	Answer
First name	Maria
Last name	Lopez
Home address	1816 Main Street
Apartment #	38
City	Santa Ana
State	CA
Zip code	92703
Cell phone number	714-348-7847

Task 2 – Handout 7

PRACTICE ASSESSMENT: Medical Care Application

Directions: Use the information from the story to fill out the low-cost medical application. Write the numbers 1-8 on your paper and write the answers. Be sure to write neatly.

Ana Luisa Martinez lives at 1855 Orangetown Ave., Apartment 21, Orange, California, 92868. She lives in the county of Orange. 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.

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 Orangetown 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 <u>you</u>			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: anamartinez@gmail.com				