



HEALTH COVERAGE SCREENING SHEET

Tsev neeg li kev qhia:

Lub Npe: _____ Lub Npe Nruab Nrab: _____ Lub Xeem: _____
Chaw Nyob: _____ Lub Nroog: _____ Lej Koog: _____
Xov Tooj: _____ Hos Lus: _____

1. Puas tsawg tus me nyuam koj thov ua daim ntawv nrhiav kev kuaj mob rau: _____
Me nyuam li nhub yug: _____

2. Koj cov me nyuaj puas muaj kev kho mob? Muaj Tsis Muaj

Yog muaj, sau seb yog hom kev kho mob twg thiab puas tsawg tus me nyuam:

- Healthy Families _____ Private Insurance _____ Employer-sponsored insurance _____
(Yuav) (Tau tom hauj lwm)
- No-cost Medi-Cal _____ Share-of-cost Medi-Cal _____ Restricted Medi-Cal _____
(Medi-Cal dawb) (Medi-Cal them ib tog) (Medi-Cal xwm ceev)

Hom Kev Kho Mob koj xaiv (xws li Blue Cross, Health Net, Kaiser Permanente): _____
(Yog muaj lwm tus me nyuam tau Medi-Cal los yog Healthy Families)

3. Puas muaj leej twg nyob hawv tsev cev xeeb tub: _____ Muaj _____ Tsis Muaj _____

4. Puas tsawg tub niam txiv nyob hawv tsev: _____

5. Nyiaj hli (ua ntej txiav se): \$ _____

Lus qhia: _____

Koj sau daim ntawv no koj tso cai rau ib tug Certified Application Assistant nyob rau ntawm Cover The Kids hu tuaj rau koj.

Niam Txiv Xee Npe: _____ Nhub Tim: _____

REFERRAL INFORMATION

Organization: _____

Contact Name: _____ Phone #: _____

**TO REFER FAMILY: FAX FORM TO 916-808-6155
or call 916-808-3838 or Toll-free at 1-866-850-4321
(Hmong)**