



HardyBrown
COLLEGE PREP
A FORTUNE SCHOOL

2017 – 2018 ENROLLMENT PACKET

Please return completed and signed application along with supporting documents to:

Hardy Brown College Prep

655 W 2nd Street

San Bernardino, CA 92410

909-884-1410

OR: enrollment@fortuneschool.us

Enrollment Process

Only a complete enrollment packet can be considered for enrollment. Open enrollment ends February 10, 2017. In the event that the number of students seeking admission to any grade level exceeds capacity, a lottery will be held. It will be completed by pulling slips of paper with applicants' names on them out of a container, and the drawing will be held in a public forum. All eligible names will be drawn from the container and those exceeding the number of available spaces will be placed on a waiting list in the order drawn. Fortune School may grant priority in admissions to current students and residents of Sacramento County, as provided in current law. The school may also grant admission preference to siblings of existing pupils and children of school faculty, provided that students admitted under any such preference shall not constitute more than 10 percent of the school's total enrollment. Students who are currently enrolled in 8th grade at a Fortune School will not participate in the lottery, as they are automatically reserved a space.

If a lottery is not triggered after the February 10, 2017 open enrollment period, students will be enrolled on a first come, first served basis.

Required Supporting Documents to Complete Enrollment

- Attend Enrollment Meeting
- Student Application
- Proof of Birthdate (see page 7 for requirements)
- Copy of Immunization Records (see page 7 for requirements)
- Residence Verification (i.e. Electric, Gas or Water Bill, Mortgage/Rental Agreement Only)
- Copy of Current Report Card (most recent from current school) *Grades 1 through 8 only*
- Discipline Report from current school – *Grades 1 through 8 only*
- School Entry Physical Exam (exam date must be on or after August 1, 2016) *Kindergarten only*



HardyBrown
COLLEGE PREP
A FORTUNE SCHOOL

ADMISSIONS OFFICE USE ONLY

2017 – 2018 STUDENT APPLICATION

PERSONAL/DEMOGRAPHIC INFORMATION		
GRADE APPLYING FOR: K 1 2 3 4 5 6 7 8	ENROLLMENT MEETING COMPLETE:	
Student's Last Name	First Name	Middle Initial
(Residence) Street Address	City	Zip
(Mailing if different than above) Street Address	City	Zip
Primary Contact Phone #:	Date of Birth:	Gender: M / F
Secondary Contact Phone #:	Birth City:	Birth State:
Previous School of Attendance:	Has the student ever attended a Fortune School? YES or NO	

PARENT/GUARDIAN CONTACTS	
Resides with Student?: Y / N	Resides with Student?: Y / N
Mother/Guardian First Name:	Father/Guardian First Name:
Mother/Guardian Last Name:	Father/Guardian Last Name:

PARENT/GUARDIAN RESIDENCE (IF DIFFERENT THAN ABOVE):			
Number and Street:		Number and Street:	
City:	Zip:	City:	Zip:
Primary Contact Number: Home / Cell / Work		Primary Contact Number: Home / Cell / Work	
Secondary Contact Number: Home / Cell / Work		Secondary Contact Number: Home / Cell / Work	
Email Address:		Email Address:	
Parent Education Level: (circle one) Graduate Degree or Higher College Graduate Some College or Associate Degree High School Graduate Not a High School Graduate Decline to State		Parent Education Level: (circle one) Graduate Degree or Higher College Graduate Some College or Associate Degree High School Graduate Not a High School Graduate Decline to State	
Occupation:	Employer:	Occupation:	Employer:

Home Language Survey: This information is essential in order to provide adequate instructional programs and services.	
Which language did your son or daughter learn when he or she first began to talk? (PRIMARY LANGUAGE)	
What language does your son or daughter most frequently speak at home?	
What language do you use most frequently to speak to your son or daughter?	
Name the language most often spoken by the adults in the home.	
Was your child previously enrolled in ESL / Bilingual Program?	

This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act (42 U.S.C. §11431 et seq.)

RESIDENCE: Where is your child/family current living (CHECK ONE)?	
<input type="checkbox"/>	In a single family residence (house, apartment, condo, mobile home)
<input type="checkbox"/>	Temporarily double-up (sharing housing with other families/individuals due to hardship)
<input type="checkbox"/>	In a shelter or transitional housing program, motel/hotel, car, RV or a campsite
<input type="checkbox"/>	At another location (please specify) _____

Note: The information collected in regard to ethnicity is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.

ETHNICITY: Is the student Hispanic or Latino (select only one)?	
<input type="checkbox"/>	YES, Hispanic or Latino
<input type="checkbox"/>	NO, not Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **YOU MUST CONTINUE TO ANSWER THE FOLLOWING** by marking one or more boxes.

Note: The information collected in regard to race is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.

RACE: What is the race of this student (Select one or more)?					
<input type="checkbox"/>	American Indian or Alaskan Native *	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Laotian
<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Tahitian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	White**
<input type="checkbox"/>	Other: _____				

*Persons having origins in any of North, Central or South America

**Persons having origins in Europe, North Africa, or the Middle East

Emergency Contact Information - **DO NOT LIST PARENTS/GUARDIANS FROM PAGE ONE**					
First Contact/ Last Name		First Name		Relationship to Student	
Primary Contact Number: Home / Cell / Work			Secondary Contact Number: Home / Cell / Work		
E-mail Address:					
Second Contact/ Last Name		First Name		Relationship to Student	
Primary Contact Number: Home / Cell / Work			Secondary Contact Number: Home / Cell / Work		
E-mail Address:					

Medical Information		
Name of Health Insurance	Medical ID # / Policy #	Telephone #
Allergies	Medical Problems/Chronic Illness	Other Issues
Doctor's Last Name	First Name	Telephone #

Name(s) of Brothers and Sisters				
Last Name	First Name	Gender	Current School	Grade Level

Instructional Programs Information	
Has your child ever been retained? Y / N	If so, what grade?
Has your child ever been enrolled in any type of special instructional program? If yes, answer questions below.	Y / N
Please complete the following only if your child has been enrolled in any type of special instructional programs at his/her previous school(s):	
Has your child ever received resource specialist program services?	Y / N
Has your child ever received speech services?	Y / N
Has your child ever been in a self-contained special education class or learning center?	Y / N
Has your child been "GATE" identified?	Y / N
Does your child have a current IEP or 504?	Y / N

General Authorizations

In an emergency, when I cannot be reached, I authorize the school authorities to take my student, at my expense, to my family doctor, licensed physician, nearest hospital or emergency first aid station for treatment. This consent is effective until revoked in writing

YES, I do give permission (initial) _____ NO, I do not give permission (initial) _____

At times during the year, the media may request permission to write an article about, and/or take pictures of, an activity taking place at the school site. Additionally, stories and photos of students may be taken for inclusion on the Fortune School websites, newsletter and promotional materials

YES, I do give permission (initial) _____ NO, I do not give permission (initial) _____

I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information.

Parent/Guardian Signature

Date (MM/DD/YY)

****NOTE:** Only a complete enrollment packet can be considered for enrollment. Open enrollment ends February 10, 2017.

In the event that the number of students seeking admission to any grade level exceeds capacity, a lottery will be held. It will be completed by pulling slips of paper with applicants' names on them out of a container, and the drawing will be held in a public forum. All eligible names will be drawn from the container and those exceeding the number of available spaces will be placed on a waiting list in the order drawn. Fortune School may grant priority in admissions to current students and residents of Sacramento County, as provided in current law. The school may also grant admission preference to siblings of existing pupils and children of school faculty, provided that students admitted under any such preference shall not constitute more than 10 percent of the school's total enrollment.

Students who are currently enrolled will not participate in the lottery, as they are automatically reserved a space.

NOTICE OF NON DISCRIMINATORY POLICY

Fortune School will not discriminate based on any of the characteristics found in Education Code 220: disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance or enrolls pupils who receive state student financial aid.



COMMITMENT TO EXCELLENCE CONTRACT

TEACHERS' COMMITMENT

We fully commit to Fortune School in the following ways:

- We will be prepared to teach and be in our classrooms every day by 7:30 a.m.
- We will maintain professional standards for appearance and a positive attitude.
- We will always teach in the best way we know how, and we will do whatever it takes for our students to learn.
- We will work collaboratively with fellow teachers, our Principal and all support staff.
- We will always make ourselves available to students and parents, and listen to any concerns they might have.
- We will always protect the safety, interests and rights of all individuals in the classroom.

TEACHER SIGNATURE

DATE

PARENTS'/GUARDIANS' COMMITMENT

We fully commit to Fortune School in the following ways:

- We will make sure our child is in the classroom every day by 7:45 a.m.
- We will make arrangements so our child can remain at Fortune School until his/her grade-level dismissal time.
- We will pick our child up on time upon dismissal from school.
- We will ensure that our child attends any required Fortune School after school, intersession and/or summer school sessions.
- We will always help our child in the best way we know how, and we will do whatever it takes for him/her to learn. This also means we will check our child's homework every night, let him/her call the teacher if there is a problem with the homework, read with him/her every night, and provide 40 hours of approved family service.
- We will always make ourselves available to our children, the school, and any concerns they might have. This also means that if our child is going to miss school, we will notify the Fortune School office as soon as possible, and we will read carefully all the papers that the school sends home to us.
- We will allow our children to go on Fortune School field lessons.
- We will make sure our child wears the Fortune School uniform and follows the Fortune School dress code. **Initial**
- We understand that our child must follow the Fortune School rules so as to protect the safety, interests, and rights of all individuals in the classroom.
- We, not the school, are responsible for the behavior and actions of our child.
- We will always protect the safety, interests and rights of all individuals in the classroom. *I acknowledge that failure to adhere to these commitments can cause my child to lose various Fortune School privileges, and can lead to my child returning to his/her home school.*
- We will always use language that is appropriate for a professional and school environment and treat all members of the Fortune School community with respect. We acknowledge that failure to adhere to this commitment may result in my child returning to his/her home school.

PARENT SIGNATURE

DATE

STUDENT'S COMMITMENT

We fully commit to Fortune School in the following ways:

- I will be in my classroom and ready to learn every day by 7:45 a.m.
- I will remain at Fortune School until my grade-level dismissal time.
- I will attend any required Fortune School before/after school, intersession and/or summer school sessions.
- I will always work, think, and behave in the best way I know how, and I will do whatever it takes for me and my fellow students to learn. This also means that I will complete all my homework every night, I will call my teacher if I have a problem with the homework or a problem with coming to school, and I will raise my hand and ask questions in class if I do not understand something.
- I will always make myself available to my parents, my teacher, and any concerns they might have. If I make a mistake, this means I will tell the truth to my teacher or Principal and accept responsibility for my actions.
- I will always behave so as to protect the safety, interests and rights of all individuals in the classroom. This also means that I will always listen to all my Fortune School teammates and give everyone my respect.
- I will wear a Fortune School uniform and follow the Fortune School dress code.
- I am responsible for my own behavior, and I will follow my teacher's directions. *I understand that failure to adhere to these commitments can cause me to lose various Fortune School privileges, and can lead to returning to my home school.*

STUDENT SIGNATURE

DATE

Fortune School
Intent to Re/Enroll Form for purposes of requesting facilities
DUE Back to the Charter School by SEPTEMBER 30, 2017!

Dear current and potential Fortune School parents/guardians:

Under California law (i.e., Proposition 39) identified districts within Sacramento County must provide Fortune School reasonably equivalent school facilities in which to operate the charter school. This form may be used to support the charter school's request for facilities. By submitting this form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child in the charter school's classroom-based program during the 2018-19 school year. Thank you very much for your support and cooperation!

Student Information:

Name: _____ **Grade in 2018-19:** _____
(Last, First, Middle)

Home Address: _____
(Street City, State Zip)

Home Phone: _____ **Age:** _____ **Date of Birth:** _____

Current Fortune School student? Y / N (circle one)

Resident of a Sacramento County School District? Y / N (circle one)

Elk Grove Natomas Robla Sacramento City Twin Rivers

Other: _____

If yes, please list the school within the District your son/daughter would otherwise attend school: _____

Parent/Legal Guardian Information:

Parent/Legal Guardian Name: _____
(Last, First, Middle)

Home Address: _____
(Street City, State Zip)

Home Phone: _____ **Email:** _____

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child in Fortune School for the 2018-19 school year. I understand that signing this form does not guarantee enrollment in the charter school. I further understand that this information will be disclosed to my resident school district to support the charter school's request for facilities under Proposition 39, and that the district may contact me directly to verify my response.

Signature of Parent/Legal Guardian: _____ **Date:** _____

IMPORTANT!! Return by September 30, 2017



HardyBrown
COLLEGE PREP
 A FORTUNE SCHOOL

REQUEST FOR CUMULATIVE RECORDS

FROM: Hardy Brown College Prep
 655 W 2nd Street
 San Bernardino, CA 92410
 909-884-1410
 Fax: 909-889-5002

TO: Registrar at: _____
 (Previous School)

RE: _____ **DOB:** _____
 (Student Name)

We have received authorization to request the cumulative records of the above listed student(s). Below is our authorization. Please fax or mail the documents to HBCP, Attention: Enrollment Clerk at 909-889-5002. Please contact the Enrollment Clerk at 909-884-1410 with any questions.

Authorization to Request Cumulative Records

I hereby and authorize my child's previous school _____ located at:
 (Name of previous school)

Street Address	City	State	Zip
School District			Telephone #

to forward the confidential records of my child to Hardy Brown College Prep.

 Parent/Guardian Signature

 Date (MM/DD/YY)

 Parent/Guardian Name (print)



Methods of Age Verification

The method of verifying a student's age may be evidenced in the form of a certified copy of a birth record or a statement by the local registrar or a county recorder certifying the date of birth, or a baptism certificate duly attested, or a passport, or, when none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian of the minor, or any other appropriate means of proving the age of the child as prescribed by the Board of Directors. This is a non-exhaustive list of methods that can be utilized to prove a student's age.

IMMUNIZATION REQUIREMENTS FOR ENROLLMENT	
5 Doses	Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) (4 doses OK if one was given on or after 4th birthday)
4 Doses	Polio (OPV or IPV) (3 doses OK if one was given on or after 4 th birthday)
3 Doses	Hepatitis B
2 Doses	MMR (Measles, Mumps and Rubella) (Both given on or after 1 st birthday)
1 Dose	Varicella (Chickenpox)
1 Dose	Tetanus, Diphtheria, Pertussis (Tdap) (Whooping cough booster usually given at ages 11 and up)

PLEASE CHECK YOUR IMMUNIZATION RECORDS TO MAKE SURE ALL OF THE ABOVE IMMUNIZATIONS ARE RECORDED.

The **ABCs** of Health Coverage for **ALL** Kids

HEALTHY KIDS MAKE BETTER LEARNERS.

Now there is a new opportunity for children, regardless of immigration status, to enroll in health coverage and access the care they need.

A ALL children, regardless of immigration status, will soon qualify for Medi-Cal coverage

Medi-Cal is free or low-cost health coverage for children and families with limited incomes. Thanks to recent actions, all children and youth younger than 19 whose families meet the income guidelines will soon qualify for the full scope of benefits under Medi-Cal. For example, all children in a family of four that has a monthly income of \$5,375 will qualify for coverage.

Coverage for undocumented children will begin in May 2016.

B Begin enrolling your kids now

Medi-Cal enrollment is available year round. Even though enrollment in full-scope Medi-Cal for undocumented children will start May of this year, families can take action now by enrolling into restricted Medi-Cal (also known as emergency Medi-Cal) TODAY! If your child is enrolled in restricted Medi-Cal, he or she will be automatically enrolled in full-scope Medi-Cal when the expanded program begins. You can apply in person at your local county human services office, over the phone, with a mail-in application, or at your local clinic. You can get help finding a clinic at www.localclinic.net or by calling (855) 899-7587.

C Coverage is free or low cost

Medi-Cal is free for families who meet income requirements. Other families, depending on their income, may have a small monthly premium. Coverage opens the door to free preventive care and free or low-cost treatment, including medical, vision, dental, and mental health services.

D Don't forget to bring what you need

When you apply for Medi-Cal, bring as many of the following items as you can:

- ▶ **Proof of Identity** (driver's license or photo ID)
- ▶ **Proof of Income** (current pay stub or bank statement)
- ▶ **Child's Birth Certificate** (regardless of the country of origin)
- ▶ **Proof of Residency** (telephone or electric bill)
- ▶ **Medi-Cal cards of other family members**, if applicable

Not all items are required for enrollment.

IMMIGRANT FAMILIES

may fear sharing information related to their immigration status. It is important to remember that your immigration status information is kept private, protected, and secure. Medi-Cal application information will not be shared with any immigration agency to enforce immigration laws and will only be used to determine eligibility for health programs.



HEALTH CARE FOR ALL FAMILIES

A PROJECT OF THE CHILDREN'S PARTNERSHIP



FOR MORE INFORMATION GO TO:

www.allinforhealth.org/healthforallkids

© The Children's Partnership, February 2016

PUNTOS PRINCIPALES relacionados con la cobertura médica de **TODOS** los niños

LOS NIÑOS SANOS APRENDEN MEJOR.

Ahora hay una nueva oportunidad para que todos los niños, sin importar su estatus migratorio, se inscriban en cobertura médica y tengan acceso al cuidado que necesitan.

A TODOS los niños, sin importar su estatus migratorio, pronto calificarán para cobertura a través de Medi-Cal

Medi-Cal es una cobertura médica gratuita o de bajo costo para los niños y familias con ingresos limitados. Gracias a las medidas recientes, todos los niños y jóvenes menores de 19 años cuyas familias cumplan con los requisitos de ingreso pronto podrán calificar para la cobertura completa de beneficios bajo Medi-Cal. Por ejemplo, todos los niños en una familia de 4 miembros que tiene un ingreso mensual de \$5,375, calificarán para cobertura.

La cobertura para niños indocumentados empezará en mayo de 2016.



Empieza a inscribir a sus niños(as) ahora

La inscripción en Medi-Cal está disponible todo el año. Los niños indocumentados calificarán para cobertura completa de Medi-Cal hasta mayo de este año, pero ¡las familias pueden actuar ahora inscribiéndose HOY en Medi-Cal restringido (también conocido como Medi-Cal de emergencia)! Si su hijo(a) está inscrito(a) en Medi-Cal restringido, él o ella será registrado(a) automáticamente en el programa de cobertura completa de Medi-Cal cuando dicho programa comience. Puede presentar su solicitud personalmente en su oficina del condado local de servicios sociales, por teléfono, a través de una solicitud enviada por correo, o en su clínica local. Para encontrar una clínica, visite www.clinicalocal.net, o llame al (855) 899-7587.



No se olvide de traer contigo los documentos que necesita

Cuando haga una solicitud para Medi-Cal, trae la mayoría de los siguientes documentos como sea posible:

- ▶ **Prueba de identidad** (licencia de manejo o identificación con fotografía)
- ▶ **Prueba de ingresos** (talón de cheque de pago o estado de cuenta bancario)
- ▶ **Acta de nacimiento del niño(a)** (sin importar el país de origen)
- ▶ **Prueba de residencia** (recibo de luz o teléfono)
- ▶ **Tarjeta de Medi-Cal de otros miembros familiares**, si aplica

No todos los documentos son requeridos para la inscripción.



La cobertura es gratuita o de bajo costo

Medi-Cal es un servicio gratuito para familias que cumplan los requisitos de ingresos. Otras familias, dependiendo de su ingreso, puede que tengan que pagar una pequeña prima mensual. La cobertura abre la puerta para cuidado preventivo gratuito y tratamiento gratuito o de bajo costo, incluyendo servicios médicos, dentales, de la visión y de salud mental.

LAS FAMILIAS DE INMIGRANTES

pueden temer compartir información relacionada con su estatus migratorio. Es importante que recuerde la información relacionada con su estatus migratorio se mantiene privada, protegida y segura. La información contenida en una solicitud para servicios de Medi-Cal no será compartida con ninguna agencia de inmigración para imponer leyes migratorias y únicamente será utilizada para determinar elegibilidad para los programas de salud.



Asegúrate, para el bienestar de tu familia

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"



PARA MÁS INFORMACIÓN VISITE:

www.allinforhealth.org/healthforallkids

© The Children's Partnership, febrero 2016



Type content for your school or local enrollment assistance

Enroll. Get Care. Renew. Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	\$16,394	\$31,600	\$16,395 – \$47,080
1	\$16,394	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- www.coveredca.com
- 1(800) 300-1506
- Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org

April 2016





Incluya aquí la información sobre su escuela o lugar para asistencia de inscripción local

Inscríbase. Cuide Su Salud. Renueve Su Cobertura. Cobertura de salud durante todo el año

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Los niños—sin importar su estatus migratorio—niños de crianza, mujeres embarazadas y personas que estén legalmente en el país—incluyendo aquellos que tengan DACA—pueden ser elegibles para Medi-Cal
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbase durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

! Para familias indocumentadas visiten: www.allinforhealth.org/resources#Undocumented
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2016 es menos de...		Si el ingreso familiar en 2016 es entre...
1	\$16,394	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podrías calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbase.

Tres formas para inscribirse con Medi-Cal y Covered California:

- www.coveredca.com/espanol/
- 1(800) 300-0213
- Ayuda en persona: www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

- ▶ El seguro de Medi-Cal debe ser renovado cada año. Medi-Cal le enviará por correo su paquete de renovación. Complete y regrese el paquete. Para ayuda, contacte su oficina de Medi-Cal o marque 211.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California

Para más información visite:
www.allinforhealth.org
www.asegurate.com



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