



ENROLLMENT CHECKLIST 2016-17

STUDENT NAME: _____ GRADE: _____

In order to satisfy the admissions requirements for the 2016-17 school year, please ensure you have completed each of the criteria listed below.

- Enrollment Form
- Permanent Student Record
- One Page Reference for Emergency Use
- Authorization to Release: authorizes contacts other than parents to pick up and for student to walk/ take public transportation home
- LCFF/E-Rate Survey/Household Income Data Form
- Application for Free/Reduced Meals: form to be provided at a later date
- Student and Family Handbook: Download and carefully read our Student and Family handbook. Visit <http://www.thriveps.org/fan> or ask for a copy
- Thrive Community Agreements: review and initial
- Technology Acceptable Use Agreement: Review and sign
- Previous School Records Request

Please bring the following documents with you

- Student Age Verification: Copy of student age verification document (*Birth Certificate or Passport*)
- Parent Identification: Copy of parent identification (*i.e. Driver's License, CA ID, or other Government ID*)
- Immunization Record: Copy of immunization record
- Proof of Residency Verification: Two (2) documents that show proof of residency; any of the following items:

- Utility bills from agencies that require "physical" presence or hardware at address, such as SDG&E, a telephone land line, water, cable, satellite TV.
- Both automobile registration & auto insurance (count as one proof)
- Homeowner's or renters insurance policy
- Property tax statement, grant deed, title of property or escrow closing documentation.
- Lease agreement with the property owner's contact information and physical address
- Official letter from a social service or government agency, such as IRS, EDD, San Diego County, etc

- Last Report Card/Transcript: Copy of Unofficial Transcript or Last Report Card
- English Learner Documents: Copy of most recent CELDT scores for English Learners (*If applicable*)
- Special Education Documents: (*If applicable*)
 - Most Current IEP Most Current 504 Plan
 - Psych. Ed Evaluation Other _____
- Authorization for Medication Administration (*must be signed by a physician*) (*If applicable*)

The following documents are required for TK or K students AND students who are new to California:

(To allow families time to make appointments, these can be turned in to the office on August 24th)

- Health Examination: Report of Health Examination for school entry (to be completed by health examiner)
- Oral Health Assessment: Oral Health Assessment Form (to be completed by dental professional)

FOR OFFICE USE ONLY

- | | | |
|------------------------------------------------------|---------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Illuminate & Verified _____ | <input type="checkbox"/> Immunizations entered _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Records requested _____ | <input type="checkbox"/> CALPADS & Verified _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Emergency Binder _____ | <input type="checkbox"/> Student Release Binder _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> NationBuilder _____ | <input type="checkbox"/> Free/reduced lunch application _____ | <input type="checkbox"/> _____ |

STUDENT'S LEGAL NAME

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: ____/____/____ Birth Place: _____ Gender: Female / Male

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above): _____

Name & Location of Previous School _____ Grades Attended _____

Child lives with Both parents Mother Father Other _____**MOTHER/GUARDIAN INFORMATION:**

Full Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

FATHER/GUARDIAN INFORMATION:

Full Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

ADDITIONAL GUARDIAN INFORMATION (IF APPLICABLE):

Full Name: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

This page will remain on file as an immediate reference should an emergency arise

Student Name:	Grade:
----------------------	---------------

Emergency Contacts

	First point of contact in case of emergency	Second contact if first cannot be reached	Third contact if others cannot be reached
Contact full name			
Relationship to student			
Home phone			
Work phone			
Cell phone			
Okay to Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medication

No medication listed here will be given out unless a physician provides a medication release form.

Medication	Dosage	Frequency

Allergies

Please list any and all of your student's allergies. Include any allergies to medication, food, etc. :

Allergy	Reaction	Fatal	Treatment/Protocol
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information the school should be aware of:

Parent Signature: _____ Date _____



STUDENT RELEASE AUTHORIZATION FORM

In an effort to protect our students, we are asking that you let us know, in advance, who has your permission, other than you, to pick up your child. This form is authorizing the release of the following students to the individuals listed on the form. Thrive Public School will not be held liable for releasing the students to these individuals and will not be held liable for anything that occurs after they have been released.

Student Name: _____ Grade: _____

Parent Name: _____ Phone Number: _____

I, _____, as a legal parent or guardian, am authorizing the following people to pick up the child listed above from Thrive Public School

Note: List a specific name that can be cross referenced by a picture ID

Please check the situations when the approval applies

Name	Relationship to Student	Phone Number	In Case of Emergency	Anytime	Only day of notification

Thrive Parent Release: By checking this box, I agree to allow the students listed above to go home with any of the Thrive parents provided I have notified the school that they will be going home with another Thrive family.

Please list below any adults who are NOT authorized to pick up your child:

Authorization to Walk Home or take Public Transportation

I, _____, as a legal parent or guardian, am authorizing my child to walk home or take public transportation from Thrive Public School indicated below:

WALK HOME:

I authorize my child to walk home after school on the following day(s): Mon. Tue. Wed. Thu. Fri.

PUBLIC TRANSPORTATION:

I authorize my child to take public transportation after school on the following day(s): Mon. Tue. Wed. Thu. Fri.

Parents/Legal Guardian's Authorization:

The information above is correct, and I hereby give permission for my child to be picked up from the listed individual(s), walk home, or take public transportation as indicated and will not hold Thrive Public School liable for anything that occurs after my child has been released.

Signature: _____

Date: _____



Student Name: _____

LCFF and E-Rate Survey

THIS FORM DOES NOT CONFER ELIGIBILITY FOR FOOD SERVICES: YOU WILL NEED TO FILL OUT AN APPLICATION FOR FREE AND REDUCED PRICED MEALS.

Please take a few moments to answer the following questions. Skip any questions you do not know the answers to. Funding for schools is directly tied to the needs of the students. Your answers will determine our eligibility for thousands of dollars in extra funding to spend on your student and may qualify your student for free or reduced lunch as well as free SAT's, college application waivers, or other possible benefits. The information provided on this form is confidential.

1. Do you receive or have eligibility for any of the following for your family?

- Food Stamps..... Yes No
- CalWORKS (California Work Opportunity and Responsibility to Kids)..... Yes No
- FDPIR (Food Distribution Program on Indian Reservations)..... Yes No
- Medicaid..... Yes No
- TANF (Temporary Assistance for Needy Families)..... Yes No

2. Does your family receive:

- SSI (Supplementary Security Income)..... Yes No
- Section 8 (Housing Assistance)..... Yes No
- LIHEAP (Home Energy Assistance)..... Yes No

3. Is this student a foster child or a child who is the legal responsibility of welfare agency or the court?

- Yes No

4. Please complete the attached Household Income Data Collection form.

Household Income Data Collection – Thrive Public Schools (Rev.7/15)

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following information for Household Size and Household Income

Determine your TOTAL Household Income based on ONE of the following: yearly, monthly, twice per month, every two weeks, or weekly income. (See back of this form for additional instructions.)

1. Determine the TOTAL number of individuals living in your household (in the far left column below) supported by the Total Household Income you are reporting.
2. Determine the TOTAL household income below that reflects that income.

Example: if your household size is "4" (e.g., two adults and two children) and your total household income is \$28,000 a year (e.g., income of both adults), then your income falls within Category 1 because your total household income of \$28,000 a year is less than \$30,615.

HOUSEHOLD SIZE	Total Household Income – Category 1 INCOME DOES NOT EXCEED					Total Household Income – Category 2 INCOME DOES NOT EXCEED				
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
	1	21,978	1,832	916	846	423	15,444	1,287	644	594
2	29,637	2,470	1,235	1,140	570	20,826	1,736	868	801	401
3	37,296	3,108	1,554	1,435	718	26,208	2,184	1,092	1,008	504
4	44,955	3,747	1,874	1,730	865	31,590	2,633	1,317	1,215	608
5	52,614	4,385	2,193	2,024	1,012	36,972	3,081	1,541	1,422	711
6	60,273	5,052	2,512	2,319	1,160	42,354	3,530	1,765	1,629	815
7	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023

For each additional family member over 8, add:

	7,696	642	321	296	148	5,408	451	226	208	104
--	-------	-----	-----	-----	-----	-------	-----	-----	-----	-----

Based on what you have determined above, check one of the following boxes:

Our Total Household Income falls within: Category 1 Category 2 Neither Category

PART III: Signature

I certify (promise) that information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of Adult Household Member
Completing this Form

Date

Printed Name of Adult Household Member
Completing this Form

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

Do I report household income received on a yearly, monthly, twice a month, every two weeks, or weekly basis?

- You may report household income using whatever frequency you receive it.
- When reporting total household income on a yearly basis, report the yearly income for the current year. When reporting income on a monthly, twice per month, every two weeks, or weekly basis, report the income from your most recent paycheck.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.



Student Name:

2016-2017 Acknowledgement of Receipt and Understanding of Documents

Please initial where indicated and sign the bottom to complete the enrollment process.

<p>As key partners in the Thrive community I agree to:</p> <ol style="list-style-type: none"> 1. Understand and support the mission of Thrive 2. Uphold school community limits and support the guidelines set forth in the handbook 3. Treat all community members with kindness, care, respect and consideration 4. Agree to utilize compassionate communication and our conflict resolution process when conflicts occur 5. Do best to create a safe and healthy environment at home and at school 6. Take responsibility for learning, as well as the pursuit and development of passions 7. Contribute to the well-being of others, so everyone can become a caring and confident learner 	<p>Parent/Guardian Initials _____</p>
<p>As a collaborative partner in my student's learning community, my role is to:</p> <ol style="list-style-type: none"> 1. Attend all required school meetings, events and scheduled conferences concerning my student(s) as outlined in the handbook 2. Support my student's achievement of the Thrive Learning Goals as outlined in the handbook. 3. Proactively maintain effective and collaborative communication with staff as outlined in the handbook. 4. Teach and model a compassionate lifestyle and support the Thrive habits and norms regarding how we interact within our community as outlined in the handbook 	<p>Parent/Guardian Initials _____</p>
<p>I understand and agree to the following terms pertaining to the Thrive community:</p> <ol style="list-style-type: none"> 1. I understand and support that Thrive utilizes technology, among many tools, in its teaching processes. 2. I understand that standardized testing is required of all students, that the school gains its funding through the state, and although the standards are NOT the drivers of student learning, performance on the standards (and a sufficient number of completed tests) is essential for the school's overall health and continued operation. 3. I understand that it is important to notify the school immediately if I choose to no longer attend Thrive. 4. I understand that if my student has an Individualized Education Plan (IEP), I must provide a copy of the IEP 5. I understand that it is the families' responsibility to provide any needed transportation for the students scheduled meetings, field trips, and other travel. 6. I understand that the family is liable for the replacement or cost of replacement for lost, damaged, incomplete, or unusable books, technology and other school property used by child. 	<p>Parent/Guardian Initials _____</p>
<p>Media Release/Release of information on the web page: I give permission for my student's photograph or image to be used by Thrive Public School, and/or those acting under its permission and on its authority.</p>	<p>Parent/Guardian Initials _____</p>
<p>Attendance Policy, Attendance Laws: I have read and understand the attendance Policy and Attendance Laws. I understand that violations of the attendance Policy and Attendance Laws may result in enrollment termination</p>	<p>Parent/Guardian Initials _____</p>
<p>Dress Code Policy: I have read and understand the Dress Code for Thrive Charter School.</p>	<p>Parent/Guardian Initials _____</p>

I HAVE READ THE THRIVE PARENT/STUDENT HANDBOOK AND ALL OF THE FORMS IN THE THRIVE ENROLLMENT PACKET.

Parent/Guardian Signature _____

Date _____



Student Name:

TECHNOLOGY ACCEPTABLE USE AGREEMENT

The Thrive believes that providing access to technology enhances the educational experience for students. However, student use of school computers, networks, and Internet services is a privilege, not a right. To make that experience successful for everyone, students must abide by the following terms and conditions:

1. **Security.** Students shall not impair the security of Thrive technology resources. Students are expected to:
 - a. Safeguard all personal passwords. Students should not share passwords with others and should change passwords frequently. Students are expected to notify an administrator immediately if they believe their student account has been compromised.
 - b. Access technology only with their account or with a shared account as directed by their teacher and not to allow others to use their account or to use the accounts of others, with or without the account owner's authorization.
2. **Authorized Use.** Students may use Thrive technology resources when directed by a teacher, when technology has been designated for open student use (e.g., computers in the library), and for other educational purposes.
3. **Protection Measures.** While the Thrive is able exercise reasonable control over content created and purchased by the Thrive, it has limited control over content accessed via the internet and no filtering system is 100% effective. Neither the Thrive nor its staff shall be responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. The student and parent agree not to hold the Thrive or any Thrive staff responsible for the failure of any technology protection measures, violations of copyright restrictions, or user mistakes or negligence. They also agree to indemnify and hold harmless the Thrive and Thrive personnel for any damages or costs incurred.
4. **Inappropriate Use.** Thrive technology, hardware, software and bandwidth are shared and limited resources and all users have an obligation to use those resources responsibly. Students are provided access to the Thrive technology primarily for educational purposes. Students shall not use Thrive technology or equipment for personal activities or for activities that violate school policy or local law. These include but are not limited to:
 - a. Playing games or online gaming.
 - b. Downloading software, music, movies or other content in violation of licensing requirements, copyright or other intellectual property rights.
 - c. Installing software on Thrive equipment without the permission of a teacher or other authorized Thrive staff person.
 - d. Downloading, viewing or sharing inappropriate content, including pornographic, defamatory or otherwise offensive material.
 - e. Conducting any activity that is in violation of school policy, the student code of conduct or local, state or federal law.
 - f. Engaging in any activity that is harmful to other student(s), including the use of technology to harass, intimidate, bully or otherwise disrupt the educational process.
 - g. Participating in political activities.
 - h. Conducting for-profit business.

- i. Using hacking tools on the network or intentionally introducing malicious code or viruses into the Thrive’s network.
 - j. Using any software or proxy service to obscure either the student’s IP address or the sites that the student visits.
 - k. Disabling, bypassing, or attempting to disable or bypass any system monitoring, filtering or other security measures.
 - l. Accessing or attempting to access material or systems on the network that the student is not authorized to access.
5. **No Expectation of Privacy.** Student acknowledges that computer equipment, Internet access networks, email accounts, and any other technology resources are owned by Thrive and provided to students for educational purposes. The Thrive may require staff to monitor and supervise all access to computer equipment, Internet access networks, and email accounts. To facilitate monitoring of activities, computer screens may be positioned so that they are visible to the staff member supervising the students. The Thrive reserves the right to access stored computer records and communications, files, and other data stored on Thrive equipment or sent over Thrive networks. Such communications, files, and data are not private and may be accessed during routine system maintenance; during inspection of Thrive equipment at the end of the school year/term or agree to use period; and review of individual files or monitoring of individual activity when there is a reasonable suspicion that the student is engaging in an inappropriate use.
 6. **Disruptive Activity.** Students should not intentionally interfere with the performance of the Thrive’s network or intentionally damage any Thrive technology resources.
 7. **Unauthorized Networks.** Students may not create unauthorized wireless networks to access the Thrive’s network. This includes establishing wireless access points, wireless routers and open networks on personal devices.
 8. **Consequences of Inappropriate Use.** Students who violate this Agreement will be subject to discipline which may include loss of access to Thrive technology resources and/or other appropriate disciplinary or legal action in accordance with the Student Code of Conduct and applicable laws.

After reading the Student Use of Technology Policy and the Acceptable Use Agreement, please complete this form to indicate that you agree with the terms and conditions provided. For additional polices you may contact our office. The signature of both the student and parent/guardian are mandatory before access may be granted to the technologies available. This document, which incorporates the Use Procedure, reflects the entire agreement and understanding of all parties.

As a user of Thrive technologies, I have read Student Use of Technology Policy and herby agree to comply with the Acceptable Use Agreement.

Student Name (please print): _____

Grade: _____

Student Signature: _____

Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____





REQUEST FOR STUDENT RECORDS

Parents please fill out this box and include with your registration documents.

Student's First Name: _____ Last Name: _____	
Grade: _____ Date of Birth: _____	
School Last attended: Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____	Please mail or scan file to: Thrive Public Schools Attention: Student Admissions 4260 54 th Street San Diego, CA 92115 619-839-9543 info@thriveps.org

In addition to student files we may also request the following additional information. Signature of parent/guardian will be provided below if requesting any of the following:

- Interview(s) with school staff or Support Provider
- Psychological/Physiological reports
- Any other data pertinent to understanding the student's individual needs.
- Other: _____

Parent name: _____ Parent Signature: _____

 For Office Use Only Below This Line

Request records to be forwarded to Thrive Public Schools:

- Copy of Report Card (email immediately)
- Copy of STAR/CST Scores
- Copy of IEP/504 (email immediately)
- Transcripts (Official / Unofficial) (email immediately)
- Student Master Plan Information (ELD)
- Enrollment Verification Letter
- Standardized test records and scores
- Cumulative File
- Immunization and Health Records

1st Request Date: _____
 Email Fax Other: _____
 By: _____

2nd Request Date: _____
 Email Fax Other: _____
 By: _____

3rd Request Date: _____
 Email Fax Other: _____
 By: _____

Date Received: _____
 By: _____

Parental permission is no longer required when records are requested by authorized school personnel.
 (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No 118, Page 14673).



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

Health Coverage Options

Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—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...
1	\$16,934	\$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



A PROJECT OF THE CHILDREN'S PARTNERSHIP



Inscríbese. Cuide Su Salud. Renueve Su Cobertura.

Cobertura de salud durante todo el año

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Niños, jóvenes en hogares de crianza, mujeres embarazadas, adultos, ciudadanos de los Estados Unidos, e inmigrantes incluyendo personas con el estatus de Acción Diferida (DACA)—podrían ser elegibles para Medi-Cal gratis o a bajo costo.
- ▶ 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.
- ▶ Inscríbese 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 visten: 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	\$16,934	\$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

Inscríbese.

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



Asegúrate, para el bienestar de tu familia

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"

