Appendices

Appendix A: Healthy San Francisco – Data Sharing Script

Healthy SF Financial Counselor Script

Financial Counselor: Hi, My name is _____. I am your Financial Counselor. I will be helping you to apply for a healthcare program.

Financial Counselor: During the application process, I will be asking you personal and financial questions. Your answers will be used to help me determine if you are eligible for other Government health care benefits.

Financial Counselor: I will need your permission to share your personal information with the following Government healthcare programs before we can continue with the application:

- CCSF Department of Public Health
- CCSF Human Services Agency
- San Francisco Health Plan
- Healthy Families
- Healthy Kids and Young Adults
- California Children's Services
- Cancer Detection Program
- Child Health and Disability Prevention Program
- Family Planning Access, Care & Treatment

Financial Counselor: Do you consent to proceeding with the application?

If client agrees: Financial Counselor begins the 1E application process

If Client does not agree: Continue to next step.

Financial Counselor: What are your concerns?

Client: Concerned that information will be reported to the INS/Law Enforcement.

Financial Counselor: Let me re-assure you that your information will not be reported to the INS or other law enforcement agency.

Client: Concerned about Identity Theft.

Financial Counselor: The information is stored in the 1E App, a health care program eligibility system and is shared only with the departments and HealthCare programs that I stated.

Client: I already have a doctor at SFGH/Health Center. Why do I have to sign up with this program?

Financial Counselor: The Sliding Scale program will be eliminated eventually. We are now enrolling clients into the new program.

Financial Counselor: Do you consent to proceeding with the application?

If Client agrees: Financial Counselor begins the 1E application process.

If Client does not agree: Continue to next step.

Financial Counselor: If you do not agree to share your information, we cannot go any further and you will not be considered for healthcare program benefits. If you change your mind and decide that you would like to apply please come back in. We'll be happy to help. (The interview is concluded at this point)

Closure Statement: Thank you for your time.

Appendix B: Healthy San Francisco – Participant Fees

Healthy San Francisco Participant Fees			
FPL	***Monthly***	***Quarterly***	***Annual***
0-100%	*$0*	*$0*	*$0*
101-200%	*$20*	*$60*	*$240*
201-300%	*$50*	*$150*	*$600*
301-400%	*$100*	*$300*	*$1,200*
401-500%	*$150*	*$450*	*$1,800*
500%+	*$225*	*$675*	*$2,700*

Appendix C: Healthy San Francisco Full-Verification Documents (All Documents Must be Most Recent Available)				
IDENTITY	**RESIDENCE[2]**	**INCOME /ASSETS INCLUDED FOR CALCULATION**	**DOCUMENTS**	**CITZENSHIP (OPTIONAL)**
U.S. PASSPORT[1]	CA DRIVER'S LICENSE OR ID	JOB EARNINGS	PAY STUB, TAX RETURN, SIGNED EMPLOYER STMT[3]	U.S. PASSPORT
CERT IFICATE OF U.S. CITIZENSHIP N-560 or N-561[1]	RENT/LEASE AGREEMENT	SELF-EMPLOYMENT EARNINGS	TAX RETURN AND SCHEDULE C/F, 3 MONTH PROFIT AND LOSS STMT	U.S. BIRTH CERTIFICATE
CERTIFICATE OF NATURALIZATION N-550/N-570[1]	PAY STUB	TAXABLE GOVERNMENT BENEFITS (SOCIAL SECURITY / RETIREMENT/STATE DISABILITY, ETC) [5]	COPY OF AWARD LETTER, BENEFITS STUB, OR BANK STMT	REPORT OF BIRTH ABROAD OF U.S. CITIZEN (FS-240) OR CERTIFICATION OF BIRTH ABROAD (FS-545)
DRIVER'S LICENSE OR ID[1]	TAX RETURN STMT	CHILD SUPPORT, ALIMONY, OR SPOUSAL SUPPORT	COPIES OF CHECKS RECEIVED, BANK STMT WITH DIRECT DEPOSIT	CERTIFICATE OF NATURALIZATION (N-550 OR N-570)
U.S. MERCHANT MARINER CARD[1]	SFUSD SCHOOL REGISTRATION	RETIREMENT/ PENSION/ BENEFIT INCOME	BANK BOOK, LETTER, OR STMT	U.S. CITIZEN I.D. CARD (I-197)
MILITARY ID, DRAFT RECORD, OR MILITARY DEPENDENT'S ID CARD[1]	BANK STMT	RENTAL INCOME	RENTAL INCOME RECEIPTS OR 1040 TAX RETURN	AMERICAN INDIAN CARD WITH CODE "KIC"
SCHOOL RECORD W/ DATE & PLACE OF BIRTH AND PARENT(S) NAME[1]	GENERAL ASSISTANCE STMT	CHECKING, SAVINGS ACCOUNT[4]	BANK BOOK, SIGNED LETTER, OR STMT	FINAL ADOPTION DECREE
DOCTOR/HOSPITAL RECORD W/ITH DATE OF BIRTH[1]	SSI AWARD LETTER	INTEREST INCOME[4] / ORDIINARY (TAXABLE) ANNUITY INCOME	BANK BOOK, SIGNED LETTER, OR STMT , ANNUITY STMT	EVIDENCE OF PRE-1976 U.S. CIVIL SERVICE EMPLOYMENT
CERT OF INDIAN BLOOD OR U.S. AMERICAN INDIAN/ALASKA NATIVE TRIBAL DOC[1]	UNEMPLOYMENT BENEFITS STMT	NON-RETIREMENT STOCKS, BONDS, CERTIFICATE OF DEPOSIT, MUTUAL FUNDS[4]	CERTIFICATE FROM ISSUING INSITUTION, OR SIGNED STMT	MILITARY REC OF SERVICE W/ U.S. PLACE OF BIRTH
PERMANENT OR TEMPORARY RESIDENT CARD	PENSION CHECK/STMT	UNEMPLOYMENT BENEFITS	UNEMPLOYMENT BENEFITS STMT	FEDERAL OR STATE CENSUS RECORD SHOWING U.S. CITIZENSHIP OR U.S. PLACE OF BIRTH
EMPLOYMENT AUTHORIZATION CARD OR PICTURE ID	DMV REGISTRATION	WORKERS COMPENSATION	WORKERS COMPENSATION STMT	CERTIFICATE OF BIRTH ISSUED BY DEPT OF STATE (DS-1350)
FOREIGN DRIVER'S LICENSE OR ID	SOCIAL SECURITY AWARD LETTER	VETERAN'S BENEFITS	VETERAN'S BENEFITS STMT	DOCUMENT CREATED AT LEAST FIVE YEARS BEFORE THE APPLICATION INDICIATING U.S. PLACE OF BIRTH SUCH AS: • ADMISSION PAPERS FROM NURSING HOME, SKILLED NURSING CARE OR OTHER INSTITUTION • AMENDED U.S. BIRTH RECORD • BUREAU OF INDIAN AFFAIRS CENSUS REC OF NAVAHO INDIANS OR SENECA TRIBAL RECORD • EXTRACT OF U.S. HOSPITAL RECORD OF BIRTH ESTABLISHED AT TIME OF PERSON'S BIRTH • LIFE , HEALTH OR OTHER INSURANCE RECORD • MEDICAL (CLINIC, DOCTOR, OR HOSPITAL) RECORD • STATEMENT SIGNED BY PHYSICIAN OR MIDWIFE IN ATTENDANCE AT TIME OF BIRTH • U.S. STATE VITAL STATISTICS OFFICIAL NOTIFICATION
CONSULAR ID	PROPERTY TAX BILL	OTHER GROSS TAXABLE INCOME		
STUDENT PICTURE ID CREDIT CARD/CREDIT UNION PICTURE ID	DISABILITY STMT			
BIRTH CERTIFICATE	UTILITY BILL			

Appendix C: Healthy San Francisco – Verification Documents (cont.)

Appendix C: Healthy San Francisco Full-Verification Documents (All Documents Must be Most Recent Available)				
IDENTITY	**RESIDENCE[2]**	**INCOME /ASSETS EXCLUDED FROM CALCULATION**	**DOCUMENTS**	**CITIZENSHIP (OPTIONAL)**
		PUBLIC ASSISTANCE[6,7]	AWARD LETTER, ASSISTANCE STMT	
		SPONSORED AND UNSPONSORED PENSION/ RETIREMENT ACCOUNTS (401(K), 403(B), IRA, ETC.	ACCOUNT STATEMENTS	
		FINANCIAL AID/SCHOLARSHIPS[7]	AWARD LETTER, CHECK, OR BANK STMT	

Appendix C: Healthy San Francisco Self-Verification Documents (If no documents available)			
IDENTITY	**RESIDENCE**	**INCOME /ASSETS AND DOCUMENTATION**	**CITIZENSHIP (OPTIONAL)**
SIGNED AFFIDAVIT OF IDENTITY	3RD PARTY SUPPORT: • SIGNED AFFIDAVIT OF SUPPORT • 3RD PARTY PROOF OF RESIDENCY	INCOME STMT FORM 3RD PARTY SUPPORT: • SIGNED AFFIDAVIT OF SUPPORT	
	HOMELESS WITHOUT 3RD PARTY SUPPORT: VERBAL SELF DECLARATION	HOMELESS WITHOUT 3RD PARTY SUPPORT: VERBAL SELF DECLARATION	
		CASH: VERBAL SELF DECLARATION	

[1] Health Care Coverage Initiative (HCCI) acceptable identity document (Must accompany citizenship document listed in citizenship column)

[2] Application assistors can verify residence and income for individuals currently enrolled in limited scope Medi-Cal via electronic verification (Cal-Win, Client Index, and MEDS) or via a SSI/GA Award Letter

[3] Employer letter must include name of employer/company, name of individual writing the letter with address and phone number and signature, date, and verification of the employee's gross income for the pay period and frequency of pay

[4] Excludes interest income and cash value of retirement/pension accounts

[5] Social Security, Retirement Survivor Disability Insurance, Veteran's Benefits, Worker's Compensation, Unemployment, Railroad Retirement Benefits, State Disability Insurance (SDI)

[6] County, State and Federal Public Assistance, including CalWorks , SSI/SSP, General Assistance (GA), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM), Personal Assisted Employment Services (PAES), 1931(b) Medi-Cal Only, Aid to Adoption payments (AAP), Refugee Cash Assistance (RCA) , Foster Care Payments, 20% Social security increase (Pickle)

[7] Not counted toward Healthy San Francisco gross household income

Appendix D: Healthy San Francisco – Medical Home List

Castro Mission Health Center
Chinatown Public Health Center
Cole Street Clinic
Curry Senior Center
Family Health Center
General Medical Center
Glide Health Services
Haight Ashbury Free Medical Clinic
Haight Ashbury Integrated Care Center
Housing and Urban Health
Larkin Street Clinic
Lyon-Martin Women's Health Services
Maxine Hall Health Center
Mission Neighborhood Health Center
Mission Neighborhood Health Center- Excelsior
Native American Health Center
North East Medical Services- Chinatown North Beach
North East Medical Services- Sunset
North East Medical Services- Visitation Valley
Ocean Park Health Center
Positive Health
Potrero Hill Health Center
Saint Anthony Free Clinic
Silver Avenue Family Health Center
South of Market Health Center
South of Market Senior Center
Southeast Health Center
Tom Waddell Health Center

Appendix E: Steps to becoming a CAA & Health-e-App User

Becoming a State-Certified Application Assistant & Health-e-App User

In order to use One-e-App to submit to Health-e-App, users must be a Certified Application Assistant from the State and complete get trained to be a Health-e-App user. The following is information regarding this process.

Becoming a CAA

One-e-App users who submit to the Health-e-App website must have an active Certified Application Assistor number from the State of California. For more information on how complete the training to become a CAA, you can contact the Healthy Families EE/CAA Help Desk at 800-279-5012. Additional information can be found on the state website at http://www.healthyfamilies.ca.gov/English/caa/caa_ee.html

Becoming a Health-e-App User

In order to submit applications to Health-e-App, One-e-App users must have completed the Health-e-App web-based training and have a valid password (available after completing the Health-e-App training). To become a Health-e-App user, contact the Health-e-App help desk at 866-861-3443 and they will send you a link to take the training and provide you with an initial password to log-in.

IMPORTANT: You must have a Health-e-App Username (same as their CAA Number) and Password. Passwords must be reset after successfully completing the Health-e-App web-based training to be valid. Passwords expire after 30 days and must be reset prior to the One-e-App training.

For more information, you can also visit the state website at: http://www.dhs.ca.gov/health-e-App/ The Health-e-App website is:
https://www.healtheapp.net/