



LOCAL HELP FOR PEOPLE WITH MEDICARE

2020 HEALTH COVERAGE INFORMATION

Today's Date _____

Name: _____ Address: _____

City: _____ Zip Code: _____ Phone #: _____ E-mail: _____

Medicare #: _____ Medicare effective date: **Part A** ____/____/____ **Part B** ____/____/____

Date of Birth: _____

Medi-Cal	Yes	No
Medi-Cal with SOC	Yes	No
Employer Plan	Yes	No
Tricare	Yes	No
VA Benefits	Yes	No

Marital Status: _____

Ethnicity: _____



Name of current prescription
plan/Medicare Advantage Plan:

Pharmacy Name:

Phone Number:

Pharmacy Zip Code:

Do you receive your prescriptions via
Mail Order? Yes No

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

The state of CA requires us to ask you some demographic questions followed by three questions under new CA State AB 959 Law, which is the Gay, Bisexual, and Transgender Disparities Reduction Act of 2016. HICAP values your privacy and you have the option to "Decline to State".

1. What is your Gender?

☐ Male ☐ Female

☐ Transgender Female to Male

☐ Transgender Male to Female

☐ Genderqueer/Gender Non-binary

☐ Not Listed, Please specify:

☐ Decline/Not Stated

2. What was your sex at birth?

☐ Male

☐ Female

☐ Decline/Not Stated

3. How do you describe your sexual
orientation or sexual identity?

☐ Straight/Heterosexual

☐ Bisexual

☐ Gay/Lesbian/Same-Gender Loving

☐ Questioning/Unsure

☐ Not Listed. Please specify:

☐ Decline/Not Stated

You must also complete the back of this worksheet

Kern County Aging & Adult Services HICAP Program

5357 Truxtun Avenue, Bakersfield, CA 93309

661-868-1000 1-800-434-0222

Drug Name (please provide <u>entire</u> drug name)	Must Be Brand Name? Yes or No	Dosage and Drug Form (tablet, capsule, drops, cream, etc.)	Frequency

Disclosure Statement: HICAP counseling services are provided by trained counselors, registered by the California Department of Aging who are acting in good faith to provide information about health insurance policies and benefits to you, the client. This information shall not be construed to be legal advice, and the volunteer HICAP counselor is generally not liable for acts and omissions in providing counseling to recipients of this service. (W&I Code, Section 9541 (f).) If you choose a plan and have difficulty in completing the necessary forms or process for enrollment, the HICAP Counselor will assist you. However, you will be responsible for the actual plan contract. The HICAP Counselor will NOT choose your plan for you.

Please read Disclosure Statement and sign here: X_____ Date_____

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