Nuwave ACCESS Clinic

ACCESS | CARE | CONNECTION | EDUCATION | SUPPORT & SERVICES

REAL SUPPORT. REAL CONNECTION. REAL POSSIBILITIES.

Health Coverage Prep

A clean fillable worksheet to help prepare for Medi-Cal, Covered California, renewal, and health coverage support conversations.

Important: ACCESS can help you prepare, organize information, and understand next steps. Official eligibility and coverage decisions are made by Medi-Cal, Covered California, county offices, or health plans.

What Are We Working On?

- ☐ **Apply for coverage**
  Starting a new Medi-Cal or Covered California application.
- ☐ **Renew or keep coverage**
  Preparing for a renewal, redetermination, or requested documents.
- ☐ **Understand a notice**
  Reviewing a letter, deadline, action request, or eligibility update.
- ☐ **Fix a coverage problem**
  Lost card, account issue, plan issue, doctor access, or gap in coverage.
- ☐ **Compare options**
  Thinking through plan options, costs, household needs, or next steps.
- ☐ **Support a youth or family member**
  Helping someone else prepare while keeping their needs centered.

Do not write passwords on this form. Bring login information separately only if you feel comfortable and it is needed.

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Basic Information

Fill in what you know. Leave anything blank if you are unsure or prefer to discuss it during the appointment.

Name / preferred name	
Appointment date/time	
ACCESS Support Guide	
Best contact method	
County	
Preferred language	

Coverage Situation

- ☐ **Currently uninsured**
  No active coverage right now.
- ☐ **Have Medi-Cal**
  Need help with renewal, plan, card, managed care, or notices.
- ☐ **Have Covered California**
  Need help with plan, payment, account, renewal, or notices.
- ☐ **Coverage may have ended**
  Unsure if coverage is active or recently lost coverage.
- ☐ **New job or income change**
  Income, household, job, or school situation changed.
- ☐ **Moving or address change**
  Need to update contact information or county details.
- ☐ **Pregnant, parenting, or caring for dependents**
  Coverage questions for self, children, or household members.
- ☐ **Other**
  Anything else you want the ACCESS Support Guide to know.

Short summary of what you want help with

Household and Application Notes

Use this page to organize details that may come up during coverage support. Share only what feels relevant.

Person applying	Age	Relationship	Notes

Income and Household Notes

Income source(s)	
Estimated monthly income	
Tax filing situation	
Recent change date	

Questions or sensitive topics to discuss privately

Optional Document Checklist

Bring what you already have. Missing documents should not stop you from asking for help.

- [ ] **Photo ID or school ID**
  Helpful for verification. Not always required for every step.
- [ ] **Medi-Cal card, plan card, or Covered California information**
  Useful if you already have coverage or an account.
- [ ] **Recent letters, notices, or renewal packets**
  Bring the whole notice if possible, especially pages with deadlines or requested actions.
- [ ] **Proof of income**
  Paystubs, benefit letters, self-employment notes, unemployment info, or other income details.
- [ ] **Tax or household information**
  Only what is relevant to the coverage question or application.
- [ ] **Address or mailing information**
  Current mailing address and any recent address change.
- [ ] **Employer, school, or program information**
  Useful if coverage questions connect to work, school, or another program.
- [ ] **Immigration or residency documents, if relevant**
  Only if you want to share and it applies to the coverage step.
- [ ] **Case number, application number, or username**
  Helpful for follow-up. Do not write passwords here.
- [ ] **Questions from a parent, caregiver, or trusted support person**
  Useful when someone else is helping prepare.

Questions, Accounts, and Follow-Up

Use this page to keep the next steps organized after the coverage support conversation.

Case or application number	
Account email or username	
Health plan or program	

Security reminder: Do not write passwords on this form. Keep passwords private and stored separately.

Questions I want to ask

Next step	Who is responsible?	By when?	Notes

Follow-up reminder or appointment

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