

Welcome to AmeriHealth Caritas Florida. Now that you are a member, we ask that you please fill out this form. It will help us understand your needs and how to best support you with programs and services. If you need help completing this form, please call our Rapid Response and Outreach Team at 1-855-371-8072 and a health plan representative will help you.



## INITIAL HEALTH SCREENING QUESTIONNAIRE

### CONTACT INFORMATION

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone (Best number to reach you): \_\_\_\_\_ Date of birth: \_\_\_\_\_

### LANGUAGE PREFERENCES

Which language is most comfortable for you to **speak** about your health?

- English.       Somali.       Spanish.       Arabic.       Vietnamese.  
 Bosnian.       Russian.       French.       German.  
 Other: \_\_\_\_\_

Which language is most comfortable for you to **read** about your health?

- English.       Somali.       Spanish.       Arabic.       Vietnamese.  
 Bosnian.       Russian.       French.       German.  
 Other: \_\_\_\_\_

### ETHNICITY AND RACE

What is your ethnicity?

- Hispanic.      If Hispanic or Latino, what is your country of origin? \_\_\_\_\_  
 Non-Hispanic.  
 Other: \_\_\_\_\_

How do you describe your race?

- American Indian or Alaska Native.       Black or African American.  
 Middle Eastern or North African.       Asian.  
 Native Hawaiian or Pacific Islander.       White or Caucasian.  
 Decline to state.       Other: \_\_\_\_\_

**Get help.**

Fill out these questions to help us better serve you.

## Health Risk Assessment questions

At AmeriHealth Caritas Florida, we know that health is more than what happens at your doctor's office. We would like to ask you some questions about your everyday needs. Based on your answers, someone from AmeriHealth Caritas Florida may contact you to discuss resources in your community. This information is private and protected like all of your health information, and all questions are optional.



1. Can you tell me the last grade you finished in school?
  - No high school.
  - Some high school.
  - High school graduate.
  - GED or high school equivalency.
  - Finished vocational or trade program.
  - Some college.
  - College.
  - Graduate or higher.
  - I choose not to answer this question.
  
2. It can be challenging to understand when people at the doctor's office talk to you about your health. Do you ever get confused answering or asking questions about your health at appointments?
  - Yes. Please check all that apply:
    - Understanding my doctor's instructions.
    - Reading my doctor's instructions.
    - Understanding how to take medications.
    - Understanding medical terms.
    - Understanding lab results and test results.
  - Other: \_\_\_\_\_
  - No.
  - I choose not to answer this question.
  
3. Sometimes it can be challenging to get transportation for your everyday needs. Have you had trouble getting rides for your health needs in the past four weeks? This can be a ride to the doctor or to get your medicine. What about going to the food store or to work? (Select all that apply).
  - Yes, I have had trouble getting to the doctor or getting my medicine.
  - Yes, I have had trouble getting other places I need to go.
  - No.
  - I choose not to answer this question.

4. It can be stressful to have trouble with paying bills and getting everyday things that you need. Over the past year, have you had trouble with any of the following items:
- a. Getting food for your family regularly?  
 Yes.     No.  
 I choose not to answer this question.
  - b. Paying your utilities bill (such as heating or electrical)?  
 Yes.     No.  
 I choose not to answer this question.
  - c. Getting the clothing you or your family need?  
 Yes.     No.  
 I choose not to answer this question.
  - d. Getting child care when you need to go to a doctor’s appointment?  
 Yes.     No.  
 I choose not to answer this question.
  - e. Paying your phone bill?  
 Yes.     No.  
 I choose not to answer this question.
  - f. Getting everyday items you need (such as diapers, shampoo, blankets, and mattresses)?  
 Yes.     No.  
 I choose not to answer this question.
  - g. Trouble with something else?
5. Having shelter is an important part of your health. Can you tell me about your housing today?
- I have housing.
  - I have housing, but I am worried about losing it.
  - I don’t have housing.
  - I choose not to answer this question.
6. Who is completing the survey?
- Member.
  - Parent or guardian.
  - Other.
  - Name of parent or guardian or other: \_\_\_\_\_

## New Member Health Risk Assessment

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7. Are you pregnant?

- Yes.  No.

8. In general, would you say your health is:

- Excellent.  
 Very good.  
 Good.  
 Fair.  
 Poor.

9. Do you or your child have any illnesses?

- Asthma.  
 Diabetes.  
 High blood pressure or cholesterol.  
 Seizures or convulsions.  
 Behavioral health.  
 Sickle cell disease.  
 Attention deficit hyperactivity disorder.  
 Other:

10. Are you (or your child) having a problem going to see your doctor or specialist for a visit?

- Yes.  No.  I don't have a doctor I see regularly.

11. What transportation do you (or your child) usually use for medical appointments or services?

- Drive myself.  
 Taxi.  
 Caregiver or friend.  
 Public transportation.  
 Ambulance.  
 No reliable transportation.  
 Other:

12. Do you (or your child) take any medications?

- Yes.  No.

## New Member Health Risk Assessment

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13. If yes, do you (or your child) need help getting your medications?

- Yes.    No.

14. Do you (or your child) use any tobacco products?

- No.  
 Cigarettes or cigars.  
 Smokeless tobacco (chewing tobacco, pipes, e-cigarettes, vapes).

15. Are you (or your child) around people who smoke tobacco products?

- Yes.    No.

16. Do you (or your child) have any problems with walking, bathing, dressing, or using the toilet?

- Yes.    No.

17. Do you (or your child) use any medical equipment?

- Yes.    No.

List medical equipment: \_\_\_\_\_

18. If yes, do you (or your child) need assistance in getting equipment, supplies, or home care items?

- Yes.    No.

19. Are you (or your child) currently receiving any behavioral health services?

- Yes.    No.

20. Would you (or your child) like to receive help with behavioral health services?

- Yes.    No.

21. Do you (or your child) see a dentist?

- Yes.    No.

Name of dentist: \_\_\_\_\_

22. Do you feel that your (or your child's) illness or condition is not under control?

- Yes.    No.

**Thank you for completing our health assessment! This information will help us provide you the best possible care. We will keep your information private.**

**Please return this form in the postage-paid return envelope or send to:**

AmeriHealth Caritas Florida  
P.O. Box 7181  
London, KY 40742

You may also fax the completed form to **1-855-236-9281**.

If you have any questions concerning this form, please call Member Services at **1-855-355-9800**.

### **Discrimination is against the law**

AmeriHealth Caritas Florida complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Florida:

- Provides free (no-cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free (no-cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact AmeriHealth Caritas Florida at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas Florida has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- Grievances and Appeals, P.O. Box 7368, London, KY 40742. Phone: **1-855-371-8078 (TTY 1-855-371-8079)**, or Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Florida Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (TTY 1-855-358-5856)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.

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Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele sèvis kliyan nou an nan nimewo **1-855-355-9800** oswa **TTY 1-855-358-5856**, 24 sou 24, 7 sou 7.

