

# Mission GED and Reading Assistance Services:

Two programs to support your educational goals

#### Check the program to which you are applying:

- □ Mission GED AmeriHealth Caritas Louisiana covers the cost of the GED test for eligible AmeriHealth Caritas Louisiana plan members. AmeriHealth Caritas Louisiana will cover one retake, if needed.
- Reading Assistance Services AmeriHealth Caritas Louisiana will connect eligible AmeriHealth Caritas Louisiana plan members with community based adult literacy/limited English proficiency (LEP) programs to improve their reading and writing skills. AmeriHealth Caritas Louisiana covers the program cost, at no charge to the member.

Complete this form to take the first steps toward your future. You may also get this form on our website at **www.amerihealthcaritasla.com** or by calling Member Services at **1-888-756-0004 (TTY 1-866-428-7588)**, 24 hours a day, seven days a week to request a form by mail.

Mail completed forms to:

Attention: GED Program

Baton Rouge, LA 70884

P.O. Box 83580

AmeriHealth Caritas Louisiana

To participate in the Mission GED program you must:

- Be an eligible AmeriHealth Caritas Louisiana member at the time of enrollment into the program.
- Be at least 16 years or older.
- Not currently have a high school diploma or GED.

#### Email: aclamemberengagement@amerihealthcaritas.com

| Your information  |           |      |                             |                        |       |  |  |
|---|-----------|------|-----------------------------|------------------------|-------|--|--|
| Are you a current member of AmeriHealth Caritas Louisiana?   Yes  No Member ID number:                                      |           |      |                             |                        |       |  |  |
| Last name:  |           |      |                             | First name:            |       |  |  |
| Male: 🗆   | Female: 🗆 | Age: | Date of birth (mm/dd/yyyy): |                        |       |  |  |
| Street address: Apartment number:   |           |      |                             |                        |       |  |  |
| City:   |           |      | State:                      |                        | ZIP:  |  |  |
| Phone number:   |           |      | Best time to contact you:   |                        |       |  |  |
| Email:  |           |      |                             |                        |       |  |  |
| Race (optional):  |           |      |                             |                        |       |  |  |
| □ American Indian or Alaskan Native □ Asian or Pacific Islander □ Black □ White   |           |      |                             |                        |       |  |  |
| Ethnicity (optional): 🗆 Hispanic origin 🗆 Not of Hispanic origin Primary language spoken:                                   |           |      |                             |                        |       |  |  |
| What is the last grade of school you completed?   |           |      |                             | Are you in school now? |       |  |  |
| Have you completed or are you currently attending a GED program? If so, where?  |           |      |                             |                        |       |  |  |
|   |           |      |                             |                        |       |  |  |
| Please check all that apply:  |           |      |                             |                        |       |  |  |
| $\Box$ A GED or the ability to better read and write is important for my future.  |           |      |                             |                        |       |  |  |
| $\Box$ A GED or the ability to better read and write is important for my health and the health of my family.                |           |      |                             |                        |       |  |  |
| $\Box$ A GED or the ability to better read and write can help me get a better job.  |           |      |                             |                        |       |  |  |
| $\Box$ A GED or the ability to better read and write can help to increase my income.  |           |      |                             |                        |       |  |  |
| □ A GED or the ability to better read and write can help me become a better parent and provide a better life for my family. |           |      |                             |                        |       |  |  |
| Applicant signature:  |           |      |                             |                        | Date: |  |  |



### Discrimination is against the law

AmeriHealth Caritas Louisiana complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, religion, or ability to pay. AmeriHealth Caritas Louisiana does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, religion, or ability to pay.

AmeriHealth Caritas Louisiana:

- 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 Louisiana at **1-888-756-0004** (**TTY 1-866-428-7588).** We are available 24 hours a day, seven days a week. If you believe that AmeriHealth Caritas Louisiana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- AmeriHealth Caritas Louisiana Attention: Member Grievances Department P.O. Box 83580 Baton Rouge, LA 70884 Phone: 1-888-756-0004 (TTY 1-866-428-7588), Fax: 1-225-300-9209
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Louisiana 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

## ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201

## Phone: 1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at: www.hhs.gov/ocr/office/file/index.html.

### Multilanguage interpreter services

English: Attention: Language assistance services, at no cost, are available to you. Call 1-888-756-0004 (TTY 1-866-428-7588).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-756-0004** (TTY: **1-866-428-7588**).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-756-0004 (TTY: 1-866-428-7588).