

Take this new enrollee Health Risk Assessment so we can help you get the best care possible. Please read and answer each question as best you can. If you have questions or need help completing this form, call Enrollee Services at **202-408-4720** or toll-free at **1-800-408-7511**. TTY users can call **1-800-570-1190**.

Please print in UPPERCASE letters.

Enrollee information		
First name:	Last name:	Enrollee ID number:
Date of birth:     /     /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address 1:		
Address 2:		
City:	State:	ZIP:
Cell phone number:	<input type="checkbox"/> I would like to receive communications from my health plan through text messages.*	
Email address:	<input type="checkbox"/> I would like to receive communications from my health plan through email.*	

\*The use of mobile and digital technologies (such as text message, email, or mobile apps) has some risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may also apply.

**Get** help.

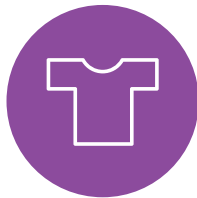
Fill out these new questions to help us better serve you.

## New Health Risk Assessment Questions

At AmeriHealth Caritas District of Columbia (DC), 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 DC 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.



**Support**



**Clothing**



**Transportation**



**Housing**



**Food**



### Questions About You

At AmeriHealth Caritas District of Columbia (DC), 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 DC 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. How much school have you finished?**

- |   |   |
|---|---|
| <input type="checkbox"/> No high school   | <input type="checkbox"/> Some college                         |
| <input type="checkbox"/> Some high school   | <input type="checkbox"/> College graduate                     |
| <input type="checkbox"/> High school graduate   | <input type="checkbox"/> Graduate school or higher            |
| <input type="checkbox"/> General Educational Development (GED®)<br>or high school equivalency | <input type="checkbox"/> I choose not to answer this question |
| <input type="checkbox"/> Vocational or trade program  |   |

**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:
- |   |   |
|---|---|
| <input type="checkbox"/> Understanding my doctor's instructions | <input type="checkbox"/> Understanding lab results and test results |
| <input type="checkbox"/> Reading my doctor's instructions       | <input type="checkbox"/> Understanding medical terms                |
| <input type="checkbox"/> Understanding how to take medicines    | <input type="checkbox"/> 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 shopping for food or going 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 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

☐ I choose not to answer  
this question

☐ No

B. Paying your utility bills (for example, heating or electrical bills)?

☐ Yes

☐ I choose not to answer  
this question

☐ No

C. Getting the clothing you or your family need?

☐ Yes

☐ I choose not to answer  
this question

☐ No

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

☐ I choose not to answer  
this question

☐ No

F. Getting everyday items you need (such as diapers, shampoo, blankets, and mattresses)?

☐ Yes

☐ No

☐ I choose not to answer this question

G. Have you had trouble with something else?

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**5. Having shelter is an important part of your health. Can you tell me about your housing today?**

☐ I have housing

☐ I don't have housing

☐ I have housing but I am worried about losing it

☐ I choose not to answer this question



## Questions About Your Language

### Which language do you prefer to speak?

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Amharic             | <input type="checkbox"/> English    | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> French     | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Korean     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese (Mandarin)  | <input type="checkbox"/> Portuguese |                                       |

### Which language do you prefer to read?

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Amharic             | <input type="checkbox"/> English    | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> French     | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Korean     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese (Mandarin)  | <input type="checkbox"/> Portuguese |                                       |

### How do you describe your race?

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White/Caucasian                  |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Middle Eastern/North African     |   |

### What is your ethnicity?

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic          | <input type="checkbox"/> Not provided/unknown |
| <input type="checkbox"/> Non-Hispanic      | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Choose not to say |   |



## Questions About Your Health

**1. In general, would you say your health is:**

- ☐ Great ☐ Good ☐ Fair ☐ Poor

**2. In the last four weeks:**

A. How many days did poor health make you get less done or not do as good of a job as usual?

- ☐ None ☐ One ☐ Two ☐ Three or more days

B. How often did you feel stressed? (Stress can make you have tense muscles and headaches, have a bad mood, feel nervous, or have a hard time sleeping.)

- ☐ Never or almost never ☐ Often  
☐ Sometimes ☐ All the time

C. Did you often feel sad, depressed, or hopeless, which made you lose interest or pleasure in doing things?

- ☐ Yes ☐ No

**3. Are you pregnant?**

- ☐ Yes ☐ No

**4. Has your doctor ever said you have these health problems?**

Heart disease, chest pain, heart attack, or other heart problem:

- ☐ Yes ☐ No

Stroke or reduced blood flow to the head or legs:

- ☐ Yes ☐ No

Diabetes or high blood sugar, or you are taking medicine for high blood sugar:

- ☐ Yes ☐ No

Cancer (other than minor skin cancer):

- ☐ Yes ☐ No



Asthma, wheezing, or trouble breathing:

☐ Yes ☐ No

Chronic obstructive pulmonary disease (COPD) or emphysema (damage to the lungs that gets worse over time):

☐ Yes ☐ No

High blood pressure:

☐ Yes ☐ No

Overweight:

☐ Yes ☐ No

Chronic pain. (Mild pain is like pain from being pinched or getting a shot; bad pain is how a toothache or sprained ankle feels; very bad pain is how it feels when you break a bone and you need strong pain pills ordered by a doctor.) Right now, are you in:

☐ No pain ☐ Mild pain ☐ Bad pain ☐ Very bad pain

If you are in pain, are you being treated by a doctor?

☐ Yes (doctor's name) \_\_\_\_\_ ☐ No

Hearing problems (hearing loss that can't be improved with a hearing aid):

☐ Yes ☐ No ☐ I am being treated now

Vision problems (poor eyesight that can't be improved with glasses or contacts):

☐ Yes ☐ No ☐ I am being treated now

**5. How many times did you go to the emergency room (ER) for help in the past six months?**

☐ One time ☐ Two times ☐ Three times ☐ Four or more times

**6. How many times have you been a patient at a hospital in the past six months?**

☐ One time ☐ Two times ☐ Three times ☐ Four or more times

**7. Do you know the name of your family doctor?**

☐ Yes (doctor's name) \_\_\_\_\_ ☐ No

**8. Have you had these checkups and shots? (Please answer yes, no, or unsure for all questions that apply to your age and sex.)**

Flu shot in the past 12 months:

☐ Yes ☐ No ☐ Unsure

Pneumonia shot (ages 65+) (A shot to protect your lungs. Without a shot, they may fill with fluid. You may cough and have a hard time breathing.):

☐ Yes ☐ No ☐ Unsure

Shingles shot (ages 60+) (A shot to protect you from this virus. Shingles causes blisters in an area on one side of your body. Before a breakout, you feel burning or tingling pain or an itch. It is linked to chickenpox.):

☐ Yes ☐ No ☐ Unsure

Dental checkup in the past one to two years (ages 50+ only):

☐ Yes ☐ No ☐ Unsure

Colon checkup in the past five to 10 years (ages 50+ only):

☐ Yes ☐ No ☐ Unsure

Breast cancer talk with your doctor in the past one to two years (women ages 40 – 49 only):

☐ Yes ☐ No ☐ Unsure

Mammogram within the past one to two years (women ages 50 – 75 only):

☐ Yes ☐ No ☐ Unsure

Pap test in the past one to three years (women ages 21 – 66 only):

☐ Yes ☐ No ☐ Unsure

Prostate cancer talk with your doctor in the past one to two years (men ages 50+ only):

☐ Yes ☐ No ☐ Unsure





**9. Do you use tobacco?**

☐ Yes, I use (check all that apply):

☐ Cigarettes

☐ Pipes

☐ Chewing/smokeless tobacco

☐ Cigars

☐ E-cigarettes

☐ No

**10. If you smoke, do you want to quit using tobacco?**

☐ Yes, I am ready

☐ Yes, but not right now

☐ No

**11. If you have quit smoking, please answer the following question:**

How many years has it been since you quit?

Years: \_\_\_\_\_

**12. Do you drink alcohol?**

☐ Yes ☐ No

**13. Do you want to drink less or quit drinking alcohol for good?**

☐ Yes, I am ready

☐ Yes, but not right now

☐ No

**14. How do you get to places that are too far to walk?**

☐ Drive myself

☐ Call a taxi

☐ Ride a bike

☐ Someone takes me

☐ Take a bus

☐ I can't get to places that are too far to walk

**15. Are you aware you have a transportation benefit with AmeriHealth Caritas DC?**

☐ Yes ☐ No

**16. Do you have any problems with walking, bathing, dressing, or using the toilet?**

☐ Yes ☐ No



### 17. Final questions:

Are you interested in learning more about your health concerns, including behavioral health problems such as depression or bipolar disorder?

☐ Yes ☐ No

Are you interested in learning more about your health care benefits, including transportation, medications, vision, and gym memberships?

☐ 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 District of Columbia  
P.O. Box 7356  
London, KY 40742

You may also fax the completed form to **1-855-851-0433**.

If you have any questions concerning this form, please call Enrollee Services at **202-408-4720** or toll-free at **1-800-408-7511**. TTY users can call **1-800-570-1190**.

AmeriHealth Caritas District of Columbia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas District of Columbia does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

**AmeriHealth Caritas District of Columbia:**

- Provides free aids and services for 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 District of Columbia at **1-800-408-7511** (TTY/TDD **202-216-9885** or **1-800-570-1190**). We are available 24 hours a day.

If you believe that AmeriHealth Caritas District of Columbia 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 Enrollee Services in the following ways:

- By phone at **202-408-4720** or toll-free at **1-800-408-7511**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Enrollee Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Enrollee 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](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, DC 20201

**1-800-368-1019 (TTY/TDD 1-800-537-7697)**

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).



**English:** If you do not speak and/or read English, please call **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

**Español:** Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

**Tiếng Việt:** Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, hoạt động 24 giờ một ngày, 7 ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

**한국어:** 영어를 말하거나 읽지 못하는 경우 **1-800-408-7511 (TTY 1-800-570-1190)**로 전화해 주십시오. 연중무휴 24시간 이용 가능합니다. 담당자가 도와드릴 것입니다.

**Français :** Si vous n'avez pas une bonne maîtrise de l'anglais parlé et/ou écrit, veuillez appeler le **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, sept jours sur sept. Un représentant vous assistera.

**العربية:** إذا كنت لا تتحدث و/أو تقرأ اللغة الإنجليزية، يرجى الاتصال على **1-800-408-7511 (الهاتف النصي 1-800-570-1190)**، وهو متاح على مدار ساعة وطوال أيام الأسبوع. سوف يساعدك ممثل.

**中文普通话:** 如果您不会用英语讲话和/或阅读，请致电 **1-800-408-7511 (TTY 1-800-570-1190)**，每周 7 天，每天 24 小时开通。将会有一名代表协助您。

**Русский:** Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-800-408-7511 (TTY 1-800-570-1190)**, который доступен 24 часа в сутки, семь дней в неделю. Представитель вам поможет.

**မြန်မာ - အကယ်၍ သင် အင်္ဂလိပ်စကား ပြောဆိုခြင်း နှင့် /သို့မဟုတ် ဖတ်ရှုနိုင်ခြင်း မရှိလျှင် ကျေးဇူးပြု၍ တစ်ပတ် နှစ်ရက်၊ တစ်ရက်လျှင် 24 နာရီ အချိန်ပြည့် ဆက်သွယ်နိုင်သည့် 1-800-408-7511 (TTY 1-800-570-1190) သို့ ခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးမှ သင့်အား ကူညီထောက်ပံ့ပေးသွားမည် ဖြစ်သည်။**

**中文廣東話:** 如果您唔識講，並且或者唔識睇英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，每星期 7 日，每日 24 小時開通。客服專員將會協助您。

**فارسی:** اگر قادر به صحبت و یا خواندن به زبان انگلیسی نیستید، لطفاً با شماره **1-800-408-7511 (TTY 1-800-570-1190)** که 24 ساعت شبانه روز و هفت روز هفته در دسترس می باشد تماس بگیرید. یک نماینده به شما کمک خواهد کرد

**Polski:** Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer **1-800-408-7511 (TTY 1-800-570-1190)**, dostępny 24 godziny na dobę, siedem dni w tygodniu. Przedstawiciel Państwu pomoże.

**Português:** Se você não fala e/ou lê Inglês, por favor ligue para **1-800-408-7511 (TTY 1-800-570-1190)**, disponível 24 horas por dia, sete dias por semana. Um intérprete irá ajudá-lo.

**ਪੰਜਾਬੀ:** ਜੇ ਤੁਸੀਂ ਹਿੰਦੀ ਬੋਲਦੇ ਅਤੇ / ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਿਰਪਾ ਕਰਕੇ **1-800-408-7511 (TTY 1-800-570-1190)** 'ਤੇ ਕਾਲ ਕਰੋ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਉਪਲਬਧ। ਇਕ ਪ੍ਰਤੀਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

**Kreyòl Ayisyen:** Si ou pa pale ak/oswa li anglè, tanpri rele **1-800-408-7511 (TTY 1-800-570-1190)**, disponib 24 èdtan pa jou, sèt jou pa semèn. Yon reprezantan pral ede ou.

**हिन्दी:** अगर आप हिन्दी बोलते और / या पढ़ते नहीं, कृपया **1-800-408-7511 (TTY 1-800-570-1190)** पर कॉल करें, दिन के 24 घंटे, सप्ताह के सात दिन उपलब्ध। एक प्रतिनिधि आपकी सहायता करेगा।

**Soomaali:** Haddii aanad ku hadlin iyo/ama akhriy in Ingiriisiga, fadlan soo wac **1-800-408-7511 (TTY 1-800-570-1190)**, oo la heli karo 24 saacadood maalintii, todoba maalmood todobaadkii. Wakiilku wuu ku caawin karaa adiga.

**Hmoob:** Yog tias koj hais tsis tau thiab/los sis nyeem tsis tau ntawv As Kiv, thov hu rau tus xov tooj **1-800-408-7511 (TTY 1-800-570-1190)**, qhib 24 teev rau ib hnub, xya hnub rau ib vij. Tus sawv cev yuav pab koj.

**Italiano:** Se non parla e/o non sa leggere l'inglese, la preghiamo di chiamare l'**1-800-408-7511 (TTY 1-800-570-1190)**, disponibile 24 ore su 24, sette giorni su sette. Le verrà prestata assistenza da un rappresentante.

**Tagalog:** Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-800-408-7511 (TTY 1-800-570-1190)**, na matatawagan nang 24 na oras sa isang araw, pitong araw sa isang linggo. Tutulungan ka ng isang representative.

**日本語:** 英語での会話や読解が不安な場合は、24時間年中無休対応の**1-800-408-7511 (TTY 1-800-570-1190)** までお電話ください。担当者がサポートいたします。



**AmeriHealth Caritas**

**District of Columbia**

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

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This program is brought to you by the Government of the District of Columbia Department of Health Care Finance



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**MURIEL BOWSER, MAYOR**