

Enroll in affordable health insurance beginning November 15th!

¡Inscribete en seguro medico!

Cuv npe rau diam npav kho mob uas yuav taus!

Centro La Familia Advocacy Services, Inc.

302 Fresno Street, #102

237-2961 • 8:30 a.m. - 5:00 p.m.

Available in English and Spanish

Contact: Ilse Gallardo

Fresno Center for New Americans

4879 E. Kings Canyon Road

255-8395 • 8:00 a.m. - 5:00 p.m.

Available in English, Hmong, Laos,
Thai, and Cambodian

Contact: Sher Moua

West Fresno Family Resource Center

1802 E. California Avenue

621-2967 • 9:00 a.m. - 5:00 p.m.

Available in English and Spanish

Appointments are recommended.

Contact: Pat Mendoza, Nora Cruz, or
Christina Rodriguez

Clinica Sierra Vista

Divisadero Community Health Center
145 N. Clark Street

Easton Community Health Center
5784 S. Elm Avenue

Elm Community Health Center
2790 S. Elm Avenue

Garland Community Health Center
3727 N. First Street, Suite 106

North Fine Community Health Center
1945 N. Fine Avenue, Suite 100

Orange & Butler Community Health
Center
1350 S. Orange Avenue

Regional Medical Community Health
Center
2505 E. Divisadero Street

West Fresno Community Health Center
302 Fresno Street, Suite 101

West Shaw Community Health Center
4739 W. Shaw Avenue, Suite 108

457-5826 • 8:00 a.m. - 5:00 p.m.

Walk-ins welcome!

Available in: English, Hmong, Spanish.
Other languages are accommodated
through phone translation services.

Contact: Lizeth Lopez

This list was compiled by
Fresno Building Healthy Communities.

Rev. 11/17/14

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FresnoBHC.org



FresnoBHC.org

It's important to bring these documents!

¡Es importante traer estos documentos!

Nws yog ib qho tseem ceeb uas koj yuav tau nqa cov ntaub ntawv nram qab no!

- Photo Identification** for the person completing the application
- Social Security Number** for each family member requesting health insurance
- Recent Income Tax Statement**, if you did not file, bring current income verification for each family member (last 4 paycheck stubs, letter from employer verifying current wages, benefits award letter, etc.)
- Verification of Current Address** (utility bill, rent receipt, etc.)
- Verification of Immigration Status** for each person requesting health insurance (naturalization certificate, U.S. passport, permanent resident card, etc.)

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- Identificación con Retrato** de la persona completando la aplicación
 - Número de Seguro Social** de cada persona solicitando seguro medico
 - Declaración de Impuestos Reciente**, si no declaro impuestos por favor de traer verificación de ingresos actuales de cada persona en su familia (últimos 4 talones de cheque, carta de su empleador verificado sus ingresos actuales, carta de otorgación de beneficios, etc.)
 - Verificación de Dirección Actual** (factura de servicios públicos, recibo de alquiler, etc.)
 - Verificación de Estatus Inmigratorio** de cada persona solicitando seguro medico (certificado de naturalización, pasaporté de EE.UU., tarjeta de residencia permanente, etc.)

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- Ib daim ID muaj Duab rau tus neeg uas tuaj mus teb daim ntaub ntawv
 - Social Security najnpawb rau txhua tus neeg uas xav thov daim npav kho mob
 - Daim ntawv ua Se Tsaib No, yog tias koj tsis ua se, nqa ib daim ntawv qhia nyiaj hli ntawm txhua tus neeg hauv tsev neeg (xws li 4 daim tw tshev dhau los, daim ntawv los ntawm chaw ua haujlwm qhia txog tau nyiaj, daim ntawv qhia nyiaj thiab lwm yam nyiaj tau los ntawm kev ua hauj lwm)
 - Ntaub ntawv qhia tseeb txog qhov chaw nyob (xws li daim nqi, dej nqi khi nyiab, nqi them tse)
 - Ntaub ntawv qhia txog kev muaj cai nyob teb chaw no rau txhua tus neeg xav thov daim npav kho mob (xws li daim xamxaj, U.S. Passport, daim npav ntsuab)

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