Health and Wellness

Comprehensive Health Clinics offering behavioral, mental & medical treatment

Care Access Network at Valley Behavioral Health
1-888-949-4864  7:30am-5:30pm M-F (801) 263-7100 or (801) 263-7172
Serve unfunded or low income clients who have lived in Salt Lake County for more than 90 days
Have access to all the units under Valley Behavioral Health
Have counselors providing individual, group, couple, and family counseling
Low income client will pay sliding scale fee starting $1
Their Medicaid team will help low income clients apply for Medicaid
The only problems they do NOT treat are: court ordered treatment & substance abuse treatment

Eating Disorders
Center for Change – 801-224-8255

Family Support Center
1760 W. 4805 S., Taylorsville, Ut 84129
Phone: (801) 955-9110
Accept Medicaid, United Behavioral Health (U student insurance) and BCBS
Offer sliding scale fee, starting $15/session
Accept trauma clients but NO LONGER has funding for clients with sexual abuse history

Jewish Family Service
1111 E Brickyard Road, Suite 218, Salt Lake City, Utah 84106 Phone: (801) 746-4334
Sliding scale fee starting $25, but can go as low as $1
For clients with Eating Disorder, they can provide funding to refer them out to the community (WOW!)

Medical Clinics
City/County Health Department – 801-468-2720
Maliheh Free Medical Clinic – 801-266-3700
Fourth Street Homeless Medical Clinic – 801-364-0058

Polizzi Clinic
515 E 4500 S, G220, Salt Lake City, UT 84107, (801) 590-9557  Open Mondays & Thursdays
For uninsured and low income people (residency is not a requirement)
Walk in between 9am-3:30pm on Monday or Thursday to finish a 30 minutes’ intake with a patient advocate to start treatment there
Psychiatric evaluation will usually be completed in two weeks
Medication management can be provided for 7-8 times after the psychiatric evaluation
Clinic will provide medication samples to clients or give them coupons to get the genetic medications
Free individual and couple counseling to clients with no session limits (starting September 2017)
The clinic’s specialties are: Bipolar Disorder, PTSD, Schizophrenia, and Personality Disorder

Treatment for Domestic Violence/Crime Victim Reparations
Claudia Zafran-Ron 150 South 600 East, Suite 7B, SLC, Ut 84102 (801) 598-9530
Client needs to be a victim of violent crime and has a police report as the proof
No legal status/residency requirement
No income requirement (the crime victim reparations will cover ct’s co-pay if ct is uninsured)
Medical/Physical Health

**Dietitians:**

Claudia Wilson (801-809-9648)  
24 South 600 East, Suite 2, Salt Lake City, UT 84102  
Private pay

Kary Woodruff (385-282-2700)  
389 S 900 E, Salt Lake City, UT 84102  
Private pay

Ashley Hagensick (801-314-4038)  
5848 S Fashion Blvd, Murray, UT 84107  
* Private pay

Amelia McBride (801-662-5320)  
100 Mario Capecchi Dr, Salt Lake City, UT 84113  
Private pay

Lori Cole (801-314-4955)  
5848 S Fashion Blvd, Murray, UT 84107  
Private pay

Allison Riederer (801) 213-8846  
Madsen Family Medicine Clinic:  
555 S. Foothill Blvd.,  
Ste 301, Salt Lake City, UT 84112  
Accepts Medicare currently and will be updated

Paige Smathers (801) 948-0898  
Ali Spencer (801-507-6084)  
8th Ave N & C Street, Salt Lake City, UT 84143  
Select Health

Whatever Intermountain accepts and completely dependent upon the carrier’s plan. For example, some IHC plans cover nutrition services, some do not. The enrollees need to contact the member service number to see what is included in their plan.

Physicians:

Leslie Cooper – (801) 328-1260  
1060 E 100 S Ste L-10, Salt Lake City, UT 84102  
Everything except Medicaid and IHC Select Med; she does accept Select Health

Liz Joy – (385) 282-2700  
LiVe Well Center at SL Clinic, 389 S 900 E, Salt Lake City, UT 84102  
Most insurance, but Not Altius, Tricare, Chip, Worker’s Comp., and Molina

Julie Roberts – (385) 282-2700  
LiVe Well Center at SL Clinic, 389 S 900 E, Salt Lake City, UT 84102  
Select Health insurance and most insurance, but NOT Altius, Tricare, Chip, Worker’s Comp., and Molina

Utah Medical Association – 801-355-7477
Specialized Centers/Hotlines

**AIDS/HIV information**
AIDS Confidential InfoLine – 801-487-2100
AIDS Counseling and Info Hotline – 800-590-2437
American Red Cross – 801-323-7000

**Free HIV Testing**
State Department of Health Bureau of HIV-AIDS (anonymous testing available) – 801-538-6096
HIV/AIDS Prevention & Services – 801-534-4572
National AIDS Hotline, English: 800-342-AIDS (800-342-2437); Spanish: 800-344-7432
National Association of People with AIDS – 202-347-1317
People With AIDS Coalition of Utah – 801-484-2205

**Public Awareness - HIV/AIDS**
Utah AIDS Foundation – 801-487-2323
Toll Free in Utah – 800-FON-AIDS (800-366-2437)

**Center for Child Care & Family Resources**
Providing child care on campus
Referrals to community resources.
200 S. Central Campus Drive
Room 408
SLC Utah 84112
Phone 801-585-5897
[http://childcare.utah.edu/](http://childcare.utah.edu/)

**Child Abuse/Neglect**
Protective Services (24 hrs.)
801-487-9811

**Center for Student Wellness/Victim Advocates**
Connects with information and resources across campus
Eccles Student Life Center
1836 Student Life Way
suite 2100
Salt Lake City, UT 84112
801-581-7776
[http://wellness.utah.edu/](http://wellness.utah.edu/)
[https://advocate.wellness.utah.edu/about-us/advocates.php](https://advocate.wellness.utah.edu/about-us/advocates.php)

**Community Health Centers**
Central City – 801-539-8617
Copperview – 801-566-5494
Northwest – 385-328-5750
Oquirrh View – 801-964-6214
Health Clinics of Utah – 801-468-0305
Indin Health Care Clinic – 801-534-4555
Planned Parenthood – 801-322-5571, 801-973-9675
**Domestic Violence**
Blanding Safe house – 801-678-3211
Center for Women and Children in Crisis – 801-377-5500
Citizens Against Physical and Sexual Abuse – 801-753-2500
Coleen Quigley Women's Center – 801-637-6850
Color Country Cottage Women's Crisis Center – 800-953-3842
Domestic Peace Task Force – 801-647-9161
Domestic Violence Info Line – 800-897-LINK (800-897-5465)
Legal Aid Society – 801-355-HELP (801-355-4357) or 801-328-8849
New Horizon Crisis Center – 800-343-6302
Office of Social Services – 801-673-9691
Project Sanctuary – 801-255-5501
Seek haven – 801-259-2229
South Valley Sanctuary – 801-255-1095
Tooele Safe house – 801-833-7300
Women in Jeopardy (YWCA) – 801-355-2804
Women's Crisis Center – 801-781-0743
YCC of Ogden/Northern Utah – 801-392-7273
YWCA – 801-734-2233

**Sexual Assault**
Rape/Sexual Assault Crisis Line – 888-421-1100
Rape Recovery Center – 801-467-7273
Family Support Center – 801-255-6881
YWCA – 801-355-2804
Sexual Assault – "Not Alone" video
Utah Coalition Against Sexual Assault – 801-746-0404

**STI Clinics**
City/County Health Department
Kearns – 801-967-4424
Magna – 801-250-9682
Midvale – 801-255-7114
Salt Lake – 801-534-4666
South Salt Lake – 801-483-5455
National Herpes Hotline – 919-361-8488
Planned Parenthood – 801-322-5571, 801-973-9675
STD's National Hotline – 800-227-8922
**Mental Health & Counselling Clinics**

**Argosy University Counseling Clinic**  
121 Election Rd # 300, Draper, UT 84020  
(801) 506-4142  
Thursday and Friday evenings  
$10 co-pay  
Individual and couple counseling provided by  
student interns supervised by licensed therapists  

**Assessment: ADHD, Learning Disorders, Neuropsychiatric**  
Emma Mansour, PhD, Center for Human Potential – 801-483-2447  
Julia Jacobs, PhD,  
Shoreline Psychology – 801-285-0991  
BYU Comprehensive Clinic – Provo  
801-422-7759  

**Child Abuse Hotline**  
1-855- 3237  

**Cornerstone Counseling Center**  
447 West Bearcat Drive, Salt Lake City, UT 84115  
(801) 355-2846  
Accept Medicaid and provide sliding scale fee  
for low income clients when funding is available  
Provide individual, couple & group counseling,  
psychiatric evaluation and medication management service  

**Domestic Violence Information Line**  
1-800-8975465  

**DrugWatch.com**
**Mental Health/Counseling**

Valley Mental Health (Salt Lake, Summit & Tooele counties) – 888-949-4864  
University Neuropsychiatric Institute - UNI – 801-583-2500  
Intermountain Psychiatry and Counseling, Avenues – 801-408-8500  
Intermountain Psychiatry and Counseling, Union Park – 801-233-4200  
LDS Family Services SLC – 801-487-0499  
Highland Ridge Hospital – 801-569-2153  
Utah Valley Regional Medical Center, Provo – 801-357-7525  
McKay-Dee Hospital Center, Ogden – 801-387-2800  
Davis Behavioral Health, Layton – 801-773-7060  
Weber Human Services, Ogden – 801-625-3700  
Wasatch Mental Health, Provo – 801-373-4766  
United Way Information & Referral Services – 211 or 801-978-3333  
National Alliance on Mental Health (NAMI) Utah – 801-323-9900  
OptumHealth Salt Lake County – 877-370-8953  
Salt Lake County Division of Behavioral Health – 385-468-4707  
Polizi Clinic – 801-277-7740  
University of Utah Behavioral Health Clinic – 801-585-1212

**Mental Health Emergencies/ Crisis Line**

Salt Lake County – 801-587-3000  
Utah County – 801-691-5433  
Weber County – 801-625-3700  
Davis County – 801-773-7060  
Summit County – 435-649-8347 or 800-537-839  
National Suicide Prevention Lifeline – 800-273-TALK (800-273-8255)

**National Alliance on Mental Illness (NAMI)**

309 100 S, Salt Lake City, UT 84111  (801) 869-2886  
Peer to Peer class: A free, 10-week, peer-led education course about mental illness taught by trained individuals who can speak from personal experience  
Family to Family group: A free 12-week course by trained family members which offers education and support to those who have a loved one with a mental illness  
Connection group: Weekly recovery support group for people living with mental illness  
Mentoring program: A Free service trying to connect unfunded clients with mental health resources

**National Runaway Switchboard**

1-800-7862929
Poison Control
1-800-222 1222

Rape Recovery Center
2035 South 1300 East, SLC, UT84105  (801)467-7282
Provide individual and group counseling
Monday - Thursday: 9:00am - 5:00pm
For victims of sexual assault: advocacy, crisis Interventions, therapy and community education Free or low cost (sliding scale fee) for clients with sexual abuse history

Rape Recovery Center - Crisis Line
(801) 467-727
24/7 Crisis Line for Victims of Sexual Assault

Salt Lake County Crisis Suicide Prevention
(801)587-3000

Substance Abuse: Assessment and Referral Services Interim Groups
450 South 900 East in Suite 300
There is no need to call, simply show up at one of the groups to begin participation
Interim Group Schedule: Monday 7–8 pm; Tuesday 6–7 pm; Wednesday 5–6 pm; Thursday 7–8 pm; Friday 3–4 pm; Saturday 11 am–noon
After a full evaluation, client will be assigned to an agency with funding for treatment

The Fourth Street Clinic
www.fourthstreetclinic.org
409 West, 400 South,
Salt Lake City, Utah 84101 (801) 364-0058
Monday, Wednesday, Thursday:
8:00am – 6:00pm
Tuesday: 8:30am – 6:00pm
Friday: 8:00am – 5:00pm
Provides medical, mental health, substance abuse, dental and pharmacy services

University of Phoenix Counseling Skills Center
5373 S. Green St., Salt Lake City, UT 84123, (801)506-4142  Monday 4-8pm, Tuesday – Thursday 10am-8pm
Free counseling by student interns supervised by licensed therapists
All sessions are recorded for training purposes

UNIVERSITY COUNSELING CENTER:
University Counseling Center
Mental Health Counseling
Mindfulness Clinic
Medication Management
Student Services Building
201 S 1460 E, Rm 426
Salt Lake City, UT 84112
801-581-6826
http://counselingcenter.utah.edu/

Karen Cone-Uemura, PhD, CGP
Preferred gender pronouns she, her, hers
Licensed Psychologist, Groups Coordinator
University of Utah Counseling Center
201 South 1460 East Room 426
Salt Lake City, UT 84112
Ph: 801-581-6826 Fax: 801-585-6816
I envision collaborating more with CESA this year, and have a keen interest in students who feel marginalized, whether based on race/ethnicity, SES, gender identity, sexual orientation, etc, etc. As a first gen college student, I remember feeling out of my element when I initially went to a large university. Along with facilitating groups, I’m also the groups coordinator. If folks have a group they’d like to suggest, I’m always open to adding new groups.

Rachel Jenkins-Lloyd, Psychiatric Nurse Practitioner
University Counseling Center
I provide psychiatric medication assessment and management for active clients of the counseling center. I have a background in trauma therapy and operate from a feminist multicultural framework. (although I do not do therapy at the UCC, only meds. J)
Address is Student Services Building, Room 426
Email is: racheljl@sa.utah.edu
Michelle Farrell
Psych Intern, UCC
Primary interest: largely, on diversity and inclusion: positive factors associated with sexual identity (i.e., gay, lesbian, bisexual, pansexual, etc.) and gender (i.e., FTM, MTF, genderqueer, gender fluid, etc.) diverse populations, cisgender women’s identities and experiences, social justice and advocacy, and intersectional identities.
Phone: 801-581-6826

Joshua Goodman JGoodman@sa.utah.edu
Position: Psychology Intern, UCC
Focus Area: I have a background in mental health and well-being for LGBTQ individuals and communities. Among the areas in which I have extensive knowledge are internalized sexual orientation and gender identity stigma, support resources for parents of youth who have (or may have) an LGBTQ identity, and LGBTQ people’s experiences with law enforcement.

Lauren Weitzman lweitzman@sa.utah.edu
Director, University Counseling Center
Licensed Psychologist
I facilitate the Mindful Approach to Work-Life Balance workshop offered through our Mindfulness Center, which is open to U grad students, staff & faculty. My clinical interests are in the areas of women’s career development, work-life integration, grief, trauma, and loss.

Roberto Martinez, LCSW
RMartinez@sa.utah.edu
Mental Health Intervention Spec; Provide crisis counseling to students experiencing a mental health crisis, recent sexual/ physical assault, recent experience of racism/ sexism/ homophobia/ micro/macroaggression. I also provide ongoing counseling for students. Presenting issues that I have expertise is trauma (physical, sexual, emotional/ psychological), minoritized student experiences, first gen students, toxic masculinity, depression, and family of origin issues.

Steven Lucero slucero@sa.utah.edu
Associate Director/Director of Training/Licensed Psychologist
Phone: 801-581-6826
Email: slucero@sa.utah.edu
University Counseling Center
UCC Responsibilities: Facilitate individual, couples, and group counseling; clinical supervision; provide Training Committee leadership; and assist in the administrative needs of the UCC

Clinical Approach & Interests: I draw from a wide variety of modalities, including skills based approaches like Dialectical Behavior Therapy and Acceptance and Commitment Therapy as well as relationship based approaches like Interpersonal and Multicultural Theories. Technology integration and ongoing assessment are important facets of my practice.
**Professional Interests:** Attend to the developmental needs of trainees with whom I work; intersectional identity development; multiculturalism and diversity; healthy integration of LGBTQIA and religious/spiritual identities; and development of supervision and therapy skills in my supervisees

**Alexis V. Arczynski**  
aarczynski@sa.utah.edu  
Staff Psychologist & Mindfulness Center Coordinator at the University Counseling Center  
Specializations include sexuality and gender, trauma healing, and social justice.  
Phone: 801-581-6826  
Email: aarczynski@sa.utah.edu

**Danielle Fetty, PhD** dfetty@sa.utah.edu  
I am a licensed psychologist and crisis counselor at the UCC. I meet with students coming in on crisis on T, TH, and Friday afternoons. In terms of individual counseling, I work with students who have experienced trauma (including domestic violence, sexual violence, microaggressions, or hate crimes), as well as those who are struggling with disabilities, FOO issues, and identity or existential concerns. My contact info at the UCC is 801-581-6826 or dfetty@sa.utah.edu.  
I also run a small private practice out of my office at the UCC where I offer individual and couples counseling, and LD/ADHD assessments. I am not paneled on insurance companies, so I am just doing private pay or as an out-of-network provider. The contact info for my private practice is 385-351-5281 or myriadcounseling@gmail.com.

**University of Utah Educational Assessment and Student Support Clinic**  
1705 E. Campus Center Dr., Rooms 377-387, Salt Lake City, UT 84112  
(801) 581-6068  
$10 co-pay  
Individual and couple counseling provided by student interns supervised by licensed therapists

**University Neighborhood Partners Hartland Bridge Training Clinic**  
1578 W 1700 S., SLC, UT 84104  
M-F 1-7pm  
(801) 973-6055  
Free individual and family counseling provided by student interns supervised by licensed therapists  
Mainly for residents of Rose Park and Glendale or individuals with refugee background  
No video recording needed

**Utah Domestic Violence Hotline**  
1-800-897-5465  
24/7 hotline for victims of domestic violence  
Over 140 languages available

**VOA Cornerstone Counseling Center**  
447 W. Bearcat Drive,  
Salt Lake City, Utah 84115  
(801) 355-2846

Monday - Thursday: 8:00am - 6:00pm  
Friday: 8:00am - 4:00pm
Provides counseling, therapy and support to families impacted by addiction to alcohol and other drugs and/or involved with domestic violence

**Valley Behavioral Health - Addiction Treatment Help Line** (561) 221-1082
24/7 Addiction Treatment Help Line

**Substance Abuse Counseling and Referrals**
AA (Alcoholics Anonymous) – 801-484-7871
Cocaine Anonymous – 801-493-7879
Narcotics Anonymous – 801-296-4044
Alcohol & Drug Abuse Clinic (University of Utah) – 801-581-6228
Cornerstone Counseling Services – 801-355-2846
Utah Alcoholism Foundation - House of Hope – 801-487-3276
Urban Indian Center of Salt Lake – 801-486-4877
Veterans Affairs Medical Center – 801-582-1565
Valley Mental Health – 888-949-4864
Salt Lake County Assessment and Referral Services – 801-532-1850

**Therapists:**
**Anne Freed** – (801) 556-2430
4505 Wasatch Boulevard Suite 320, Salt Lake City, Utah 84124
BCBS
UNI Behavioral Health
Select Health

**Trish DeYoung** – (801) 755-0928
2319 South Foothill Dr. Suite 180, Salt Lake City, UT 84109
BCBS
Aetna
Value Options
PEHP
UNI Behavioral Health
Multi plan
Medicare
Select Health – single case agreements

**Heidi Gordon** – (801) 596-0147 ext 42
5801 Fashion Blvd. (280 East) Suite 250, Murray, Utah 84107
BCBS
UNI Behavioral Health
Select Health

**Athena Metos** – (801) 598-2508
24 South 600 East, Suite 2, Salt Lake City, UT 84102
Select Health – single case agreement
United Health Care
United Behavioral Health

**Stefanie Minen** – (801) 918-4432
24 S. 600 E., Suite 6, Salt Lake City, UT 84102
BCBS
Medicaid
Select Health (ED only)

*Accepts sliding scale fee*
Jill James – (801) 809-7985
124 South 400 East, Suite 301, Salt Lake City, UT 84118
BCBS
United Behavioral Health
UNI Behavioral Health  PEHP

Charlene Smith – (801) 712-6213
1515 S 1100 E, Salt Lake City, UT 84105
BCBS
Select Health (ED only)
Aetna

Steve Varechok – (801) 277-8100
4505 S Wasatch Blvd Ste 320, Salt Lake City UT, 84124
Select Health (ED only) DMBA
UNI Behavioral Health BCBS
Medicare

Sara Hansen – (802) 291-1172 (802 is not a typo)
455 East 200 South, Suite 110, Salt Lake City, UT 84111
Blue Cross Blue Shield Regence
Cigna UNI Behavioral Health

Angela Hicks - (801) 232-4725
699 East South Temple, suite 130, Salt Lake City, UT 84102
PEHP Aetna
BCBS DMBA

Lee Beckstead – (801) 581-0422
1433 South 1100 East, Salt Lake City, Ut 84105
Regence Medicare
PEHP Molina
BCBS Triwest
Aetna Tricare
Alliant United Behavioral Health
Beech street UNI Behavioral Health
Coventry Health Care ValueOptions
Humana WISE
Medicaid

Gina Searle – (801) 209-6243
2225 Murray Holladay Rd. # 108, Holladay, UT 84117
Community Resources 12

PEHP  
BCBS  
DMBA

EMI  
UNI Behavioral Health

Bobbi Carter – (801) 244-2021  
3149 E. 9800 S., Sandy, UT 84092  
No longer accepts insurance but can provide a receipt to submit to insurance

Lindy Burton – (801) 581-0422  
1400 Foothill Dr. #24, Salt Lake City, Ut 84108  
No longer accepts insurance but can provide a receipt to submit to insurance

Melissa Smith – (801) 663-7907  
801 S. Pleasant Grove Blvd, Suite 200, Pleasant Grove, UT 84062  
Private pay  
Accepts sliding scale fee

Education & Student Success

Academic Support for students  
Center for Ethnic Students Association (CESA)  
Kathy Tran tran.kathy@utah.edu

Transfer Program Graduate Assistant, Center for Ethnic Student Affairs (CESA)  
Working with Paul Humbert-Fisk, Transfer Program Coordinator and Advisor in CESA  
Interest and goals: help transfer students successfully transfer, navigate, and acclimate to the University of Utah by providing and connecting students with services, resources, community, and opportunities on campus.

Paul Fisk paul.fisk@utah.edu  
My office is Suite 235 of the Union.  
My phone is 801-581-3328  
My email is paul.fisk@utah.edu  
I am the Transfer Program Coordinator in the Center for Ethnic Student Affairs. I help students with the transfer process and am also over CESA's admission sponsorship program for transfer students.

I also co-advice the Crimson Transfer Honor Society (CTHS) at the U with Nомani Satualal in the Center for New Student and Family Programs: http://orientation.utah.edu/transfer/crimson-transfer-honor-society.php They have a lot of helpful workshops for new transfer students: http://orientation.utah.edu/transfer/transfer-tuesdays-transfer-workshops.php

I do advising at the SLCC Taylorsville campus weekly on Tuesdays during the Fall and Spring semester from 9am-2pm and on Wednesdays during the Summer.  
I am also over Asian American Programs in CESA.  
I advise the Asian American Student Association (AASA) at the U: http://www.aasauofu.com/ and the Vietnamese American Student Association (VASA): https://www.facebook.com/groups/vasauofu/  
I know a lot of info about students involved and connected on campus.
The Learning Success Center is an academic support program offering tutoring services, supplemental instruction, and learning strategies assistance.
http://learningcenter.utah.edu/
801-581-5153
330 SSB

Disability Services
ADA Accommodations
Advocacy
Union Building
200 S. Central Campus Drive, Room 162
Salt Lake City, UT 84112
801-581-5020

LGBT Resource Center
Support for Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer identified students including scholarships, mentoring, social activities, and more
Union Building
200 South Central Campus drive
Rm 409
Salt Lake City, Utah 84112
801-581-7973
http://lgbt.utah.edu/

Honors Housing
Study Area,
24-hour Food Mart
250 South Mario Cappechi Drive
Salt Lake City, UT 84112

Heritage Center
Study Areas
151 S Connor St
Salt Lake City, UT
(801) 587-2000
http://housing.utah.edu/options/undergraduate/honors-community/

Marriott Library
Study Areas, Computer Lab, Tutoring, open late (24-hours during Geek Week)
295 S 1500 E
Salt Lake City, UT 84112
(801) 581-8558

Student Success
General resources for student success including: financial planning, tutoring, mentoring, and more.
http://studentsuccess.utah.edu/

Learning Success Center
Tutoring, Supplemental Instruction, Study Skills, Life Skills
Student Services Building
201 S 1460 EAST
SALT LAKE CITY, UT 84112
801-581-8746
www.learningcenter.utah.edu

TRiO/Educational Opportunity Programs
Advising, Tutoring, and Workshops for underserved populations
1901 E South Campus Dr. Rm 2075
Salt Lake City, UT 84102
801-581-7188
http://trio.utah.edu/
Mentoring Programs

Trio Programs
The purpose of the TRIO Programs’ Department at Salt Lake Community College is to provide support for low-income and first-generation college students to access, graduate, and attain their educational, career, and personal goals in preparation for their contribution to a global workforce.

1. Trio Student Support Services Program
2. TRIO STEM Program

Dr. Gregory Roberts, Ph.D.
Director, TRIO SSS and TRIO STEM
CAMPUS: Taylorsville
BUILDING: Construction Trades
ROOM:242
PHONE: 801-957-4334
EMAIL: gregory.roberts@slcc.edu

Julie Jackman
Program Manager
CAMPUS: Taylorsville
BUILDING: Construction Trades
ROOM:238
PHONE: 801-957-4179

Daniel Saucedo
Services Specialist
CAMPUS: Taylorsville
BUILDING: Construction Trades
ROOM: 218
Phone: 801-957-4467

Thanhtung Thantrong
Program Manager
CAMPUS: Taylorsville
BUILDING: Science & Industry Building
ROOM:358B
PHONE: 801-957-5054
EMAIL: thanhtung.thantrong@slcc.edu

Tanasia Valdez Advisor
CAMPUS: Taylorsville
BUILDING: Science and Industry Building
ROOM:358B
PHONE: 801-957-4827
EMAIL: tanasia.valdez@slcc.edu
**SLCC Office of Diversity Multicultural Affairs Mentoring Programs**

<table>
<thead>
<tr>
<th>Office of Diversity and Multicultural Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>STC 236</td>
</tr>
<tr>
<td>Salt Lake Community College</td>
</tr>
<tr>
<td>4600 South Redwood Road</td>
</tr>
<tr>
<td>Salt Lake City, UT 84123</td>
</tr>
</tbody>
</table>

### 1. Brother to Brother

Tevita Hola  
*Multicultural Student Success Coordinator/Coach*

Phone: 801-957-3713  
Email: Tevita.Hola@slcc.edu

The Brother 2 Brother program is a chapter of the African American Brotherhood (SAAB), a national student organization designed to improve the educational experience and promote successful college completion.

Taylorsville Redwood,  
STC 236-D

### 2. SLCC Amigos Mentores

Luz Gamarra  
*Multicultural Student Success Coordinator/Coach*

luz.gamarra@slcc.edu  
801-957-4032, 801-957-3349  
Taylorsville Redwood, South City Campus  
STC 236-C, SCM 1-061G-D

The Peer Mentoring Program’s purpose is to assist Hispanic students to reach their academic goals as well as help new students at SLCC with their first steps. We provide students with social and educational support.

### 3. OLENE S. WALKER TRANSITION TO ADULT LIVING (TAL) SCHOLARSHIP AND MENTOR PROGRAM

Glory Johnson-Stanton  
*Multicultural Student Success Coordinator/Coach*

Glory.Johnson-Stanton@slcc.edu
The Olene S. Walker Transition to Adult Living (TAL) Scholarship is designed to assist qualified youth who are transitioning out of state foster care or the unaccompanied refugee minor program to complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions. Private donors in partnership with the Utah Educational Savings Plan (UESP) sponsor the TAL Scholarship.

TUTORING RESOURCES AND LOCATIONS

STEM LEARNING CENTER LOCATIONS

The STEM Learning Centers provide an array of tutoring and learning support services to help students improve their ability to learn and achieve academic success. The following subjects are currently offered by the STEM Learning Centers.

To contact any of the STEM Learning Centers locations please call 801-957-6800.

- Appointment Tutoring
- Walk-in Tutoring
- Group Tutoring (Not Available at Library Square)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Redwood Campus</th>
<th>Jordan Campus</th>
<th>South City Campus</th>
<th>West Valley Center</th>
<th>Miller Campus</th>
<th>Dumke STEM Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>LIB 014 801-957-4172</td>
<td>HTC 102 801-957-2852</td>
<td>Room 1-133 801-957-3261</td>
<td>Room 123 801-957-2134</td>
<td>MATC 201 801-957-5209</td>
<td>SI 201 801-957-4852</td>
</tr>
<tr>
<td>Biology</td>
<td>LIB 014 801-957-4172</td>
<td>HTC 102 801-957-2852</td>
<td>Room 1-133 801-957-3261</td>
<td>Room 123 801-957-2134</td>
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<td>SI 201 801-957-3796</td>
</tr>
<tr>
<td>Chemistry</td>
<td>LIB 014 801-957-4172</td>
<td>HTC 102 801-957-2852</td>
<td>Room 1-133 801-957-3261</td>
<td></td>
<td></td>
<td>SI 201 801-957-3796</td>
</tr>
</tbody>
</table>
Free drop-In, appointment-based, small group, and focused tutoring services, as well as, a number of college success workshops, are also available to students.

STEM Learning Centers locations are found at each major SLCC campus and center. The STEM Learning Centers are active, comfortable learning spaces where students can discover, create, and collaborate with peers, tutors, their assigned instructor, and/or other instructors to complete specifically designed onsite learning tasks or activities that accompany the intentionally designed learning content and activities.

**OTHER TUTORING RESOURCE LOCATIONS**

- Academic Literacy Center
- (ESL, Reading)
- **Accounting Lab**
- **CSIS Lab**
- **Center for Languages** (Language Lab)
- **GIS and Geosciences Tutoring**
- **Dumke Center for STEM Learning**
- **Student Writing Center**
- **Academic and Career Advising**
  
  Academic advising is an interactive process of empowering students to become responsible architects of their own education. We do this by supporting students to set and achieve academic goals, acquire relevant information and services, and make responsible choices consistent with their interests, aspirations, abilities, and degree requirements. Academic Advising is integrated into the life of SLCC through a series of intentional interactions with curriculum, pedagogy, and student learning outcomes

  - **STAFFDIRECTORS**
## Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Sokia</td>
<td><a href="mailto:Ashley.Sokia@slcc.edu">Ashley.Sokia@slcc.edu</a></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Interim Director</td>
<td>801-957-4282</td>
<td></td>
</tr>
<tr>
<td>Cynthia Bonsall</td>
<td><a href="mailto:cynthia.bonsall@slcc.edu">cynthia.bonsall@slcc.edu</a></td>
<td>Taylorsville Redwood CT 249</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>801-957-4282</td>
<td></td>
</tr>
<tr>
<td>Spanish-speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizete Bond</td>
<td><a href="mailto:elizete.bond@slcc.edu">elizete.bond@slcc.edu</a></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Interim Assistant Director</td>
<td>801-957-4238</td>
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<tr>
<td>Portuguese-speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verl Long</td>
<td><a href="mailto:verl.long@slcc.edu">verl.long@slcc.edu</a></td>
<td>South City Campus 1-061M</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>801-957-3361</td>
<td></td>
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</tbody>
</table>

## SUPPORT STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Office</th>
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<tbody>
<tr>
<td>Vacant</td>
<td></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>801-957-4282</td>
<td></td>
</tr>
<tr>
<td>Cami Knapp</td>
<td><a href="mailto:cami.knapp@slcc.edu">cami.knapp@slcc.edu</a></td>
<td>Taylorsville Redwood STC 242</td>
</tr>
<tr>
<td>Office Specialist</td>
<td>801-957-3935</td>
<td></td>
</tr>
<tr>
<td>Jake Harker</td>
<td><a href="mailto:jake.harker@slcc.edu">jake.harker@slcc.edu</a></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Graphic Designer</td>
<td>801-957-3848</td>
<td></td>
</tr>
<tr>
<td>Bettyyna Lynes</td>
<td></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Spanish-speaking</td>
<td>801-957-4978</td>
<td></td>
</tr>
<tr>
<td>Cassie Arvidson</td>
<td></td>
<td>Taylorsville Redwood STC 240</td>
</tr>
<tr>
<td>Spanish-speaking</td>
<td>801-957-4978</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Contact Info</td>
<td>Office</td>
</tr>
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</tr>
<tr>
<td>Ana Arche</td>
<td>801-957-3361</td>
<td>South City Campus 1-061M</td>
</tr>
<tr>
<td>Spanish-speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacey Snyder</td>
<td>801-957-6215</td>
<td>Jordan Campus JHS 047</td>
</tr>
<tr>
<td>Brook Collins</td>
<td>801-957-6215</td>
<td>Jordan Campus JHS 047</td>
</tr>
</tbody>
</table>
Administrative/Career Support and Services

**Dean of Students**
Student Advocacy
Union Building
200 South Central Campus Drive
ROOM 270
SLC, UT 84112
801-581-7066
[http://deanofstudents.utah.edu/](http://deanofstudents.utah.edu/)

**Disability Services**
Student Advocacy
ADA Accommodations
Advocacy
Union Building
200 S. Central Campus Drive, Room 162
Salt Lake City, UT 84112
801-581-5020
Room: 409

**LGBT Resource Center**
Support for Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer identified students
including scholarships, mentoring, social activities, and more
Union Building
200 South Central Campus drive
Rm 409
Salt Lake City, Utah 84112
801-587-7973
[http://lgbt.utah.edu/](http://lgbt.utah.edu/)

**Volunteers of America (VOA) Homeless Outreach Team** [www.voaut.org](http://www.voaut.org)
440 South, 400 West, Suite B Salt Lake City, Utah 84101
(801) 631-7584
Monday – Friday: 8:30am – 5:00pm
Provides food, clothing, other necessities, referrals, care co-ordination and transportation
Sandra Hollins: VOA Outreach Supervisor
sandra.hollins@voaut.org
(801) 403-1686

**VOA – Street Engagement Team**
set@theroadhome.org
Referrals and assistance with finding services

**VOA – Library Engagement Team**
Provides referrals and assistance with finding services
Call (801) 524-8200 to contact the Downtown Library to contact LET team

**VOA – Assertive Community Treatment Team**
Monday – Friday: 9:00am – 5:00pm
(801) 875-4558
Provides mobile psychiatric treatment services

**Homeless Outreach Service Team (HOST)**
[www.slcpd.com/host](http://www.slcpd.com/host)
Community Resources 23

420 West, 200 South,
Salt Lake City, Utah 84101
(801) 799-3127
Provide referrals, and other services as needed. Can help with IDs and vital documents

Outreach Meetings:
Tuesdays and Thursdays: 1:00pm – 2:00pm

Homeless Youth Resource Center
www.voaut.org
655 South, State Street, Salt Lake City, Utah 84111 (801) 364-0744
Monday – Friday: 10:00am – 1:00pm Lunch Served: 1:00pm – 1:30pm Dinner, Fridays only: 4:00pm – 4:30pm
Drop-in center provides necessities; street outreach provides referrals to other services

211 – Information
www.211.org
Operated by the United Way
211 can provide additional information about available services

The Weigand Homeless Resource Center
www.ccsutah.org/programs
437 West, 200 South,
Salt Lake City, Utah 84101 (801) 363-7710
Monday – Friday: 8:00am – 4:00pm
A wide variety of services available including: Library, medical, clothing, computer room, classes, haircuts, laundry and storage

Urban Indian Center of Salt Lake
www.uicsl.org
120 West, 1300 South,
Salt Lake City, Utah 84115 (801) 486-4877
Monday, Wednesday, Friday: 8:30am – 4:30pm Tuesday and Thursday: 8:30 am – 3:00pm
For American Indians and Alaska Natives: many resources are available

Career Services

The purpose of Career Services is to provide career exploration, career development and employment services. Department Email: studentemployment@slcc.edu

OFFICE LOCATIONS / HOURS

Taylorsville Redwood Campus
Student Center - STC 002
Office: 801-957-4014 Fax: 801-957-4071

South City Campus
1-061R
801-957-3047 / 801-957-3403 / 801-957-3401
Jordan Campus (Tuesdays & Wednesdays)
HTC 110A
801-957-6242
West Valley Center (Thursdays)
SWV 146
801-957-4606

Miller Campus (Tuesdays)
MFEC 126
801-957-4305
Hours: 8:00 a.m. - 4:30 p.m. Mon-Fri

THANE CENTER FOR SERVICE AND LEARNING

The purpose of the Thayne Center is to empower our college and community members to cultivate knowledge and skills necessary to affect positive change.

STAFF:

Sean Crossland
Director
SLiCE: Student Leaders in Civic Engagement
Phone: 801-957-4689
sean.crossland@slcc.edu

Lesa Bird
Administrative Assistant
Phone: 801-957-4555
lesa.bird@slcc.edu

Samantha Collins
Community Work Study Coordinator
AmeriCorps Education Awards
Phone: 801-957-4669
samantha.collins@slcc.edu

Brandon Devlin
Service Leadership Coordinator
Alternative Spring Break
Civically Engaged Scholars
Phone: 801-957-4881
brandon.devlin@slcc.edu

Rebecca Van Maren
Community Partnerships Coordinator
Phone: 801-957-4674
rebecca.vanmaren@slcc.edu
Resources for Children

Child Abuse/ Neglect Hotline
1-855-323-3237

Department of Child and Family Services
www.dcf.s.utah.gov
195 North, 1950 West,
Salt Lake City, Utah 84116
(801) 538-4171
Monday – Friday: 8:00am – 5:00pm Parent education, budgeting help, crisis intervention, sex abuse treatment, and mental health therapy

Salt Lake City School District Homelessness Liaison
Mike Harmon: (801) 243-8351
Mike.harman@slcschools.org

Canyons School District Homelessness Liaison
Connie Crosby: (801) 557-2164
connie.crosby@canyonsdistrict.org

Granite School District Homelessness Liaison
Cheri Jacobson: (801) 231-1462
cjacobson1@graniteschools.org

Jordan School District Homelessness Liaison
Hilda Lloyd: (801) 597-2276
hilda.lloyd@jordandistrict.org

Resources for women

Planned Parenthood (recorded messages) – 801-364-CALL (801-364-2255)

Pregnancy and Prevention
See Medical Clinic for pregnancy testing

Intermountain Nurse Midwifery Service (Free Pregnancy Testing) – 801-321-1440
Baby Your Baby Hotline – 800-826-9662
Catholic Community Services – 801-977-9119
First Way of Salt Lake City – 801-484-4616
Planned Parenthood – 801-322-5571, 801-973-9675

Women’s Resource Center
Educational and Support services for women including counseling services, advocacy, scholarships, and special programs
Union Building
200 S. Central Campus Dr
Room 411
Salt Lake City, UT 84112
801-581-8030
http://womenscenter.utah.edu/

Women’s Enrollment Initiative
Kirstin Maanum (she, her, hers) kmaanum@sa.utah.edu
Women’s Education Specialist
801-585-1098
**Women's Resource Center**  
Educational and Support services for women including counseling services, advocacy, scholarships, and special programs  
Union Building  
200 S. Central Campus Dr  
Room 411  
Salt Lake City, UT 84112  
801-581-8030  
http://womenscenter.utah.edu

**Veterans Services**

**Hero 2 Hired**  
[www.h2h.jobs](http://www.h2h.jobs)  
Chuck Rackham: (801) 432-4242  
crackham@a-teamsolutions.com

Helps veterans find employment

**Homeless Veterans Fellowship**  
[www.homelessveterans.org](http://www.homelessveterans.org)  
541 East, 23rd Street, Ogden, Utah 84401  
(801) 392-7662  
Monday - Friday: 8:30am - 4:30pm Provides transitional housing and support services to homeless and threatened veterans in Utah in order to transition them to self-sufficiency

**Salt Lake Vet Center**  
22 West, Fireclay Avenue, Murray, Utah 84107  
(801) 266-1499 or 1(877) 927-8387  
Monday- Friday: 8:00am – 4:30pm

**The American Legion**

350 North, State Street, Capital Suite 80, Salt Lake City, Utah 84111 (801) 539-1013  
Monday – Thursday: 8:00am – 5:00pm
Community Resources

Utah Department of Veterans and Military Affairs
www.veterans.utah.gov

550 Foothill Drive, Suite 202, Salt Lake City, Utah 84113
(801) 326-2372
Monday - Friday: 8:00am - 5:00pm Provides numerous services to veterans including: Healthcare, education, employment, and burial benefits
Programs include: Grant and per diem program, HJCR program and supportive services for veteran families program

Veterans Affairs – Outreach
Ryan Bennion: (801) 450-7839
Cory Pearson: (801) 582-1565 ext. 2746
Call for assistance in finding services that are available for veterans

Veterans Housing
www.veteranhotline@theroadhome.org
210 South, Rio Grande Street, Salt Lake City, Utah 84101
(801) 819-7380
Monday – Friday: 9:00am – 11:00am & 1:00pm – 3:00pm Thursday: 10:00 – 11:00am & 1:00pm – 4:00pm
If you are a veteran and you are currently homeless, they will help you find housing
Need VA Medical Card or DD214 form, but they will help you get it if you don’t currently have one.

Veterans Support Center
VA Benefits, Health Counseling, Scholarships, Social Support, Food and Shelter Support for Homeless.
Union Building
200 S. Central Campus Dr
Room 418
Salt Lake City, UT 84112
http://veteranscenter.utah.edu/

Utah Veteran's Legal Clinic 500 South, Foothill Drive, Building 8 Salt Lake City, Utah 84108
(801) 872-8382
Every 2nd Thursday of the Month:
5:30pm – 7:30pm
VA Legal Clinic is held in the multi-purpose room, in building 8 at the VA Hospital

Wounded Warriors
www.woundedwarriorproject.org
3266 North 1325 West, Ogden, Utah 84414
(801) 731-4717
For those who have been injured during their service in the armed forces

Housing and Shelters

Emergency Shelters

The Road Home – Salt Lake Community Shelter
www.theroadhome.org
210 South, Rio Grande Street, Salt Lake City, Utah 84101
(801) 359-4142
Largest shelter in Utah: For men, women, and children.
Singles line up at 10:00am to get a bed

The Road Home – Overflow Shelter
www.theroadhome.org
437 West, 200 South, Salt Lake City, Utah 84101 (801) 363-7710
Overflow shelter for men is located at St. Vincent’s

The Road Home – Community Winter Shelter
www.theroadhome.org
529 West, 7300 South, Midvale, Utah 84047
(801) 569-1201
Open from October through End of March
For families only: Must have at least one child Will not turn people away
Salt Lake Christmas Box House  
www.thechristmasboxhouse.org  
3660 South, West Temple, Salt Lake City, Utah 84115  
(801) 747-2201  
Emergency Shelter for Children only

The Rescue Mission of Salt Lake  
www.rescuesaltlake.org  
463 South, 400 West,  
Salt Lake City, Utah 84101 (801) 355-1302  
Check in at 6:00pm  
Emergency Shelter for single men

Family Promise of Salt Lake  
www.fpsl.org  
814 West, 800 South,  
(801) 961-8622  
Serves four families at a time  
To get on the waiting list, go to the day center

Salt Lake County Youth Services  
www.slco.org/youth  
177 West, Price Avenue (3610 South), Salt Lake City, Utah 84115  
(385) 468-4500  
For youth under 18 years old:  
Can only stay for up to 8 hours at a time

YWCA  
www.ywca.org  
325 East, 300 South,  
Salt Lake City, Utah 84111  
(801) 537-8604  
For women and children who are victims of domestic violence

South Valley Sanctuary  
www.svsutah.org  
8000 South, Redwood Road West Jordan, Utah 84088  
(801) 255-1095  
For women and children who are victims of domestic violence  
Call for directions to the shelter or go to the Resource Center on the first floor of the West Jordan City Office Building for case management

Rescue Haven  
www.rescuesaltlake.org  
1165 South, State Street, Salt Lake City, Utah 84111  
(801) 521-5925  
For women and children who are victims of domestic violence. Food, clothing and showers available  
Counseling for addiction and job placement services provided as well

Housing & Residential Education  
May provide assistance to students in need
Benchmark Plaza  
Building 822  
2131 Red Butte Rd., Salt Lake City, UT, 84113  
801-587-2002  
http://housing.utah.edu/

AAA Fair Credit Foundation  
www.faircredit.org  
230 West 200 South,  
Salt Lake City, Utah 84101 1(800) 351-4195  
Monday – Thursday: 8:00am – 6:00pm  
HometInn www.homeinnusa.com 428 West 300 South,  
Salt Lake City, Utah 84101  
(801) 965-862  
Monday – Friday: 9:00am – 3:00pm

Transitional Housing  
Talk to the person at the front desk to be put on the waiting list  
Housing Authority of Salt Lake City  
www.haslc.utah.org  
(801) 487-2161  
1776 South, West Temple, Salt Lake City, Utah 84115  
Monday - Friday: 8:00am - 5:00pm  
Provides rent subsidies and affordable housing to low income individuals and families  
Manages Sunrise Metro Apartments, Taylor Springs, Rendon Apartments, Romney Plaza, City Plaza, and Phillips Plaza

Housing Authority of the County of Salt Lake  
www.hacsl.org  
3595 S. Main Street,  
Salt Lake City, Utah 84115 (801) 284-4400  
Monday - Friday: 8:00am - 5:00pm Provides and develops affordable housing opportunities for Salt Lake County:  
Section 8, low income public housing, permanent supportive and transitional housing  
Manages Grace Mary Manor and Kelly Benson Apartments

Utah Housing Coalition  
www.utahhousing.org  
230 S. 500 W. Suite 260,  
Salt Lake City, Utah 84101 (801) 364-0077  
Monday - Friday: 8:00am - 5:00pm

Community Development Corporation of Utah www.cdcutah.org  
501 East, 1700 South,  
Salt Lake City, Utah 84105  
(801) 994-7222  
Monday - Friday: 8:00am - 5:00pm  
Provides a variety of services for homebuyers and homeowners

Friday: 8:00am – 5:00pm  
Financial guidance, counseling and education  Debt management and asset building programs
Life Start Village  [www.familysupportcenter.org](http://www.familysupportcenter.org)  1760 W. 4805 S.  
Taylorsville, Utah 84129  
(801) 955-9110  
Administrative Offices:  
Monday - Friday: 8:00am - 5:00pm  
Waiting list is generally several months  
Three Phases of Housing:  
Phase 1 & 2 are transitional housing.  
Phase 3 is permanent supportive housing  
Phase 1 is for women and children 11 and under only  

Neighbor works Salt Lake  
[www.nwsaltlake.org](http://www.nwsaltlake.org)  
622 West, 500 North,  
Salt Lake City, Utah 84116 (801) 539-1590  
Monday - Friday: 8:00am - 5:00pm  
Homeownership Promotion Services include HUD approved Educational Courses, Loans and Foreclosure Prevention Services  

Palmer Court  
[www.theroadhome.org](http://www.theroadhome.org)  
999 S. Main Street,  
Salt Lake City, Utah 84111  
(801) 505-7777  

Wendell Apartments  [www.theroadhome.com](http://www.theroadhome.com)  204 West, 200 North,  
Salt Lake City, Utah 84103 (801)  
Managed by The Road Home. Permanent Supportive Housing for single individuals  

Salt Lake City Department of Housing & Neighborhood Development  [www.slcgov.com/hand](http://www.slcgov.com/hand)  
451 S. State Street, Room 406, Salt Lake City, Utah 84111  
(801) 535-7712  
Monday - Friday: 8:00am - 5:00pm  
Administers different housing programs such as for first time home buyers program  

Food  

**Saint Vincent de Paul Dining Room**  [www.ccsutah.org/programs](http://www.ccsutah.org/programs)  
437 West, 200 South,  
Salt Lake City, Utah 84101 (801) 363-7710  
**Lunch:** Monday – Friday:  
11:30am – 1:00pm  
**Brunch:** Saturdays: 10:00am – 11:00am  
**Dinner:** Monday – Sunday:  
5:00pm – 6:00pm. Serves lunch  
Monday – Friday, brunch on Saturdays and dinner 7 days a
The Rescue Mission of Salt Lake
www.rescuesaltlake.org
463 South, 400 West,
Salt Lake City, Utah 84101 (801) 355-1302
Breakfast: Served Monday – Saturday: 6:15am
Lunch: Served 7 days a week:
12:15pm
Dinner: Served 7 days a week:
Must attend church service at 7:00pm, Dinner follows at
8:00pm
Calvary Baptist Church
www.calvaryslc.com
1090 South, State Street,
Salt Lake City, Utah 84111
(801) 355-1025
Serves breakfast at Pioneer Park Sundays: 8
Salt Lake City Mission
www.saltlakecitymission.org
1151 South, Redwood Road,
#106, Salt Lake City, Utah 84110
(801) 355-6310
Serves Breakfast in the Rio Grande Neighborhood
Monday – Saturday: 8:00am – 10:00pm
Cathedral of the Madeleine – Good Samaritan Program
www.utcotm.org
331 East, South Temple, Salt Lake City, Utah 84111 (801) 328-8941
Monday - Sunday: 9:00am – 8:00pm
Open seven days a week, 365 days per year Provides sack lunches and other resources
Eagle Ranch Chuck Wagon
www.eagleministries.net
500 South, 600 West,
Salt Lake City, Utah 84101 (801) 254-4945
Sundays: 7:00am – 11:00am Serves prepared meals on Sundays
Utah Pride Center
www.utahpridecenter.org
225 East, 400 South, Suite 200, Salt Lake City, Utah 84111 (801) 539-8800
Saturday: 8:00am – 10:00pm
Utah Pride Center serves breakfast every Saturday for Homeless Youth (Ages 14-22)
Food Pantries

Church of Philadelphia
2358 South, Main Street,
Salt Lake City, Utah 84115
(801) 208-9859
Tuesday: 10:00am – 4:00pm
Food Pantry

Crossroads Urban Center [www.crossroadsurbancenter.org](http://www.crossroadsurbancenter.org) 347 South, 400 East,
Salt Lake City, Utah 84111
(801) 364-7765
Monday – Friday: 9:00am – 5:00pm  Households can visit 6 times in 12 months: must have some form of ID to receive service. Bring a cloth bag to receive one extra food item.

Eagle Ranch Distribution Center
[www.eaglemindstries.org](http://www.eaglemindstries.org)
1899 South, Redwood Road Salt Lake City, Utah 84104
(801) 254-4945
Tuesday and Thursday: 10:00am – 5:00pm
Food, clothing and basic household items

Granger Community Christian Church
3232 West, 4100 South,
West Valley City, Utah 84119
(801) 968-3301
Monday: 5:30pm – 7:00pm Saturday: 10:00am – 12:00pm
Food Pantry: Serves 84118, 84119 and 84120

Hildegarde's Pantry
231 East, 100 South,
Salt Lake City, Utah 84111
(801) 328-2303
Tuesday, Wednesday, Friday: 11:00am – 1:30pm Thursdays: 5:00pm – 6:30pm
Food Pantry: Limit of two visits per month

House of Prayer
829 South, 200 West,
Salt Lake City, Utah 84101
(801) 364-2335
Friday: 9:00pm – 10:00pm Sunday: After Church Service
Food Pantry: Serves 84111
DAY CENTER
Bishop Weigand Homeless Day Center
235 South Rio Grande Street (455 West)
801-363-7710
Shower, laundry, phone, bag storage, haircuts, and referrals to other assistance programs.

Rescue Mission
463 South 400 West 801-355-1302
Day Room, open 7 days a week from 8 a.m. - 6 p.m. during inclement weather. Free check room where transients can check their luggage.

PERSONAL CARE ITEMS
Good Samaritan Program
347 East South Temple 801-328-5633
9 a.m. – 8 p.m., Daily (When available)
Provides gloves, hats, scarves, socks, deodorant, soap, razors, feminine hygiene items, & diapers.

VOA Homeless Outreach Program
Sleeping bags, winter clothing, food sacks
801-631-7584

Helping Hands, Inc
www.helpinghandsutah.com 2964 West, 4700 South, West Valley City, Utah 84118
(801) 955-6234
Monday - Friday: 9:00am – 4:00pm
Administers the Child and Adult Care Food Program (CACFP)

Utah Food Bank www.utahfoodbank.org 3150 South, 900 West, Salt Lake City, Utah 84119 (801) 978-2452
Monday – Friday: 8:00am – 5:00pm
Multiple food programs including the Backpack Program, the Commodity Supplemental Food Program and the Kids Café

Utahans Against Hunger
www.utah.org 764 South, 200 West, Salt Lake City, Utah 84101
(801) 328-2561

The Weigand Homeless Resource Center
www.ccsutah.org/programs
437 West, 200 South,
Salt Lake City, Utah 84101
(801) 363-7710
Monday – Friday: 7:00am – 4:00pm
Clothing, showers, laundry, hygiene products and other necessities

The Rescue Mission of Salt Lake
www.rescuesaltlake.org
463 South, 400 West,
Salt Lake City, Utah 84101
(801) 355-1302
Monday, Wednesday, Friday: 9:30am – 11:30am
Clothing, showers, hygiene products and other necessities

Volunteers for America – Outreach Teams
VOA’s Outreach Teams will provide clothing and other necessities (801) 328-2561
Monday – Friday: 8:30am – 5:00pm
Advocacy organization: Provides information about WIC, Food Stamps and other programs
Crossroads Urban Center  [www.crossroadsurbancenter.org](http://www.crossroadsurbancenter.org)  347 South, 400 East,
Salt Lake City, Utah 84111  
(801) 364-7765  
Monday – Friday: 9:00am – 5:00pm  
Operates a Thrift Store, where individuals can find clothing and other items for a low cost or for free depending on circumstances

Utah Pride Center  [www.utahpridecenter.org](http://www.utahpridecenter.org)  255 East, 400 South,
Salt Lake City, Utah 84111  
(801) 539-8800  
Tuesday – Friday: 10:00am – 8:00pm  
Drop-in resource center provides clothing, accessories, counseling and food. It also has a shower available. Transgender Youth: Tuesdays: 3:00pm -8:00pm LGBTQ Youth: Wednesdays and Fridays: 3:00pm – 8:00pm

Cathedral of the Madeleine – Good Samaritan Program  
[www.utcotm.org](http://www.utcotm.org)  
331 East, South Temple, Salt Lake City, Utah 84111  
(801) 328-8941  
Monday - Sunday: 9:00am – 8:00pm  
In addition to providing sack lunches daily, the Good Samaritan Program will also provide clothing and other necessities as needed

**EMPLOYMENT ASSISTANCE**

Metro Employment Center (Workforce Services)  
720 South 200 East ..................................801-536-7000

Community Action Program  
764 South 200 West ................................801-359-2444

Murray Park Church of Christ  
494 East, 5300 South,  
Murray, Utah 84107  
(801) 293-7000  
Tuesday: 12:00pm – 5:00pm  
Thursday: 9:00am – 5:00pm  
Food Pantry

Nueva Esparanza  7681 South,  
2200 West, West Jordan, Utah 84084  
(801) 358-8350  
Wednesday: 5:00pm – 7:00pm  
Food Pantry

Reach Salt Lake  
[www.reachsaltlake.org](http://www.reachsaltlake.org)  
1235 West, California Avenue (1330 South), Salt Lake City, Utah 84104  
(801) 972-5708  
Monday, Wednesday, Thursday: 10:00am – 1:00pm  
By appointment only: Limit of one visit in three months and client must attend a class
Salt Lake CAP – Magna
3441 South, 8400 West,
Magna, Utah 84044
(801) 250-6414
Monday, Wednesday, Friday:
8:30am – 12:00pm, and 1:00pm – 5:00pm Food Pantry:
Serves 84044, 84118 and 84128

Salt Lake CAP – Northwest
1300 West, 300 North,
Salt Lake City, Utah 84116
(801) 359-8741
Tuesday, Thursday, Friday:
8:30am – 12:00pm, and 1:00pm – 5:00pm
Food Pantry: Serves 84101, 84102, 84103, 84104, 84105, 84106, 84108, 84109, 84111, 84112, 84115 and 84116

Salt Lake CAP – Redwood
3060 South, Lester Street (1595 West), West Valley City, Utah 84119
(801) 972-6661
Monday – Friday: 8:30am – 5:00pm Saturday: 8:30am – 4:00pm

Iglesia de Jesucristo
347 South, 400 East,
Salt Lake City, Utah 84111
(801) 673-0985
The first and third Wednesdays, after the first Monday: 10:00am – 2:00pm
Food Pantry

Magna Fact
9124 West, 2700 South,
Magna, Utah 84044
(801) 250-4811
Monday – Friday: 10:00am – 5:00pm Food Pantry: Serves 84044
Only open in emergencies or if Magna CAP is full

Salt Lake CAP – South County
8446 South, Harrison (300 West),
Midvale, Utah 84047
(801) 255-3516
Monday – Thursday:
8:30am -12:00pm, and 1:00pm – 5:00pm
Food Pantry: Serves 84020, 84047, 84065, 84070, 84081, 84084, 84088, 84090, 84092, 84093, 84094, 84095, 84096, 84107 and 84121

Salt Lake Mission
www.saltlakecitymission.org
1151 South, Redwood Road, Suite 106, Salt Lake City, Utah 84104
(801) 355-6310
Monday – Friday: 11:00am – 4:00pm
Food Pantry

Kearns First Baptist Church
4445 West, 5175 South,
Kearns, Utah 84118
(801) 968-1471
Monday: 11:00am – 1:00pm
Tuesday: 6:30 – 8:00pm
Wednesday and Friday: 11:00am – 12:00pm, and 1:00pm – 3:00pm
Thursday: 1:00pm – 3:00pm
Food Pantry
Saint Andrew’s Food Pantry 11835 South, 3600 West, Riverton, Utah 84065 (801) 446-3500 Thursday: 5:00pm – 7:00pm Food Pantry: Serves Bluffdale, Herriman, Riverton, South Jordan and West Jordan

Saint James’ Episcopal Church 7486 South, Union Park Avenue, Midvale, Utah 84047 (801) 566-1766 Sunday: 1:00pm – 3:00pm Food Pantry: Serves 84047 only.

Saint Joseph’s 7405 South, Redwood Road, West Jordan, Utah 84084 (801) 739-3169 Monday and Tuesday: 4:30pm – 6:30pm Food Pantry

Saint Paul’s Episcopal Church 261 South, 900 East, Salt Lake City, Utah 84102 Saturday: 9:00am – 1:00pm Food Pantry

The Salvation Army www.salvationarmyutah.org 438 South, 900 West, Salt Lake City, Utah 84104 (801) 988-4204 Monday: 10:00am – 11:30am & 1:00pm – 4:00pm Wednesday: 1:00pm – 4:00pm; Friday: 9:00am – 11:30am & 1:00pm – 4:00pm

Taylorsville Food Pantry 4775 South, Plymouth View Drive (1650 West), Taylorsville, Utah 84123 (801) 428-7689 Monday: 1:00pm – 3:00pm Wednesday: 4:00pm – 6:00pm Saturday: 10:00am – 12:00pm Food Pantry

The Adventure Church www.adventurehome.org 352 West, 12300 South, Draper, Utah 84020 (801) 688-7251 Thursday: 12:45pm – 6:00pm By appointment only: Serves Draper, Herriman, Sandy and South Jordan

The Church at Liberty Park 662 East, 1300 South, Salt Lake City, Utah 84105 (801) 973-0088 Tuesday: 3:30pm – 5:30pm Wednesday: 3:00pm – 5:30pm Thursday: 11:00am – 1:30pm Food Pantry

Utah Dream Center 1624 South, 1000 West, Salt Lake City, Utah 84104 (801) 244-7934 Wednesday: 11:00am - 12:00pm Food Pantry
**Advantage Services, Inc.**
513 West 800 South,  
Salt Lake City, Utah 84101 (801) 965-8145  
Monday - Friday: 8:00am - 5:00pm  
Offers jobs to individuals who suffer from mental illness or have been hindered by other life challenges  
Also provides business related training programs and computer skill classes

**LDS Employment Services**  
[www.ldsjobs.org](http://www.ldsjobs.org)  
780 West, 800 South,  
Salt Lake City, Utah 84104 (801) 240-7240  
Monday – Wednesday, and Fridays: 8:00am - 5:00pm  
Thursdays: 8:00am - 7:00pm  
(1st and 3rd Thursdays are 10:00am - 7:00pm)  
Information and resources on job seeking and career development

**Utah Department of Workforce Services**  
[www.jobs.utah.gov](http://www.jobs.utah.gov)  
720 South, 200 East,  
Salt Lake City, Utah 84111  
(801) 526-9675  
Monday - Friday: 8:00am - 5:00pm  
Food stamps, unemployment insurance, job training, and job search assistance  
Support services including food, financial, medical and child services  
Has an office located on the 2nd floor of The Weigand Center

**Homeless Outreach Service Team (HOST)**  
[www.slcpd.com/host](http://www.slcpd.com/host)  
420 West, 200 South,  
Salt Lake City, Utah 84101  
(801) 799-3127  
Contact HOST officers for help getting an ID, vital documents and for help with finding employment

**Homelnn**  
[www.homeinnusa.com](http://www.homeinnusa.com)  
428  
West 300 South,  
Salt Lake City, Utah 84101 (801) 965-8628  
Monday – Friday: 9:00am – 3:00pm  
They can help find part-time shifts at the Energy Solutions arena. Talk to the person at the front desk to get more information

**Street Law Project:** Free problem solving help with housing, landlord/tenant issues, small claims court, divorce/custody/child support, domestic violence issues, and Workforce Services benefits. Anyone can attend. Meet with volunteers from Utah Legal Services and University of Utah College of Law on a walk-in basis at:  
**St. Vincent de Paul Center**  
437 West 200 South  
Thursday: 12 p.m. – 3 p.m.
Mission Statement:
“The Office of Diversity and Multicultural Affairs (ODMA) strives to create a welcoming and inclusive environment that enables all people to learn through the exploration of human differences. We promote interactive learning by delving into the complexities of our multifaceted (age, gender, race, religion, ethnicity, class, sexual orientation, nationality, and disability) identities. In appreciation of one’s “authentic self”, we celebrate diverse cultures authentically and enhance multicultural awareness and responsiveness through training’s, programs and services, to transform communities.

The Office of Diversity and Multicultural Affairs is located on the Taylorsville Redwood campus, within the Student Involvement Center (SIC). The SIC is a student-centered multi-use space where diversity, inclusivity and leadership come together. There is a meeting room for student led programs and activities; lounge areas where you can relax and engage in meaningful conversation or select books from our inclusivity resource library. You can also choose to study in the open lounge space, at one of the many computer stations, in one of the quiet study rooms and receive assistance from one of our tutors. Learn more by giving us a call at (801) 957-4954 or by stopping in the SIC, which is on the second floor of the Student Center in room 236.”

Office of Diversity and Multicultural Affairs Contact

Shellie Jo Enscoe  
*Director*

Laurel Fortun  
*Administrative Assistant*

Luz Gamarra  
*Multicultural Student Success Coordinator*
Tevita Hola  
*Multicultural Student Success Coordinator*

Glory Johnson Stanton  
*Multicultural Student Success Coordinator*

### Why Diverse Student Populations Matter

When students attend college, they gain exposure to many of ideas and research efforts that expand their perceptions, and how they are engaging in the world. Colleges should serve as cultural hubs in our society, and campus administrators should recognize the strong need for diverse student populations is key to student success. Inclusive campuses also honor the histories of various civil rights movements in the U.S.; academic access can serve to empower and advance minority groups.

Additionally, greater campus inclusion and student diversity enhance the college experience. Students who surround themselves with new and different ideas will have an easier time adjusting to the various environments they’ll encounter outside of the academic classroom.

Salt Lake community College Diversity Demographics placed here:

### Student Support Resources

The resources listed below should serve as starting points in your search for minority-focused student organizations and funding opportunities. While many are SLCC resources, you have community resources as well all in one place from funding, to involvement to health and wellbeing. You will also see it breaks down in population and their specific resources.

#### Overall Resources

**The Utah Refugee Coalition:**

The Utah Refugee Coalition is a membership organization of refugee communities created to connect its membership to partnering organizations, government agencies, volunteers, and resources while educating the general public about refugees.

**Salt Lake County:**

The Salt Lake County webpage provides different information about jobs, events, and community meetings. Check out their website for more information.

**Multicultural Affairs:**

Multicultural Affairs Office was established within the Utah’s Department of Heritage and Arts to develop a culturally-diverse outreach program for all ethnic communities. The Office recognizes the importance of developing relationships with the many different communities throughout Utah in order to achieve its important mission.

**Utah Food Bank:**

Utah Food Bank: Fighting Hunger Statewide. For over 100 years, the Utah Food Bank has stayed true to its mission of serving those in need throughout our state. We work tirelessly with community partners and volunteers to continue making an impact. *In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability*
Feeding America is the nation's leading domestic hunger-relief charity. - See more at: http://feedingamerica.org/how-we-fight-hunger/about-us/mission-and-values.aspx#sthash.19beos8X.dpuf

Last year, Utah Food Bank distributed over 31 million meals via a statewide network of 140 partner agencies located in all 29 counties. In addition to being one of only a handful of food banks that distributes food *free-of-cost* to partner agencies, we also offer several direct service programs:

- **Kids Cafe**: nearly 283,000 meals served last year at after-school programs. These meals often serve as participant’s last meal of the evening.
- **BackPack Program**: last year we distributed more than 63,000 backpacks with food to help sustain children during weekends when they don't have access to school meal programs.
- **Food Box Programs**: we delivered over 40,000 food boxes to homebound seniors and people with disabilities last year.
- **Mobile Pantries**: last year we served more than 165,000 individuals throughout the state in communities that are underserved by traditional brick-and-mortar pantries.

**SLCC Food Pantry**:
This food pantry, partnered with the Utah Food Bank, will serve students of Salt Lake Community College by providing food and daily living essentials to students in need.

**Financial Aid/Financial Counseling**:
We’re here to help you obtain financial aid to accomplish your goals and fulfill your dreams. If you qualify, a variety of grants and loans are available. The process is not difficult but requires you to apply for aid, and respond to our information requests, in a timely manner.

http://www.slcc.edu/financialaid/index.aspx

Community Action Program-801-359-2444
Consumer Credit Counseling Services-801-566-0800

Welfare and Family Services
For the nearest Workforce Services office (food stamps, financial assistance, Medicaid, emergency assistance, etc.) Call 801-468-0000.
For nearest Child and Family Services office (Child and Adult Protective Services, foster care, etc.) Call 801-538-4100.

Health Insurance
HealthCare.gov

Support Groups
Call The United Way Information and Referral Center for details about groups covering topics such as abuse, bereavement, co-dependency, divorce, health, parenting, and substance abuse at 801-978-3333

Populations

African American
Black Student Union: We facilitate academic support for Black Student Union members through tutoring, and peer mentoring. We also provide leadership opportunities.

American Indian
American Indian Student Leadership: Provide peer support through positive interaction, share and cultivate appreciation for all Native American/Alaskan Native Nations

Asian
Asian Student Association: “To embrace SLCC’s diverse community, ASA strives to help students to develop leadership and academic skills to succeed in college and in life. ASA will seek to educate the community of the Asian & Asian American culture through a variety of educational and social events.”

Utah Asian Chamber of Commerce: To foster Asian business and professionals within the state of Utah, particularly small businesses, with activities that result in prosperous and economically healthy Asian community, and to promote international trade with Asian and other countries.

Hispanic
Utah Hispanic Chamber of Commerce: To provide leadership, opportunities for economic growth, professional development and community involvement for our members.

Pacific Islander
Pacific Unity Association: To Unite all Pacific Islanders attending SLCC, as well as invite and educate those who desire to learn about our culture. We will continually strive to perpetuate, strengthen and enhance our culture and heritage by sharing, honoring and embracing our ancestors through traditional song, dance and story-telling. Through our education at SLCC, we will rise to our fullest potential and actively seek to benefit our students, the community-at-large, and the institution through service projects, activities and special events. We will constantly seek to learn, grow and develop our club and its members in the present time as well as for the future, in advancing the PUA clubs mission and vision.
APPLICATION INFORMATION

WHAT AM I APPLYING FOR?

Health coverage is important for you and your family to get the medical care you need. When you submit this application, you will be considered for all medical programs that are now open for enrollment, including:

- **CHIP (Children’s Health Insurance Program)**
  Provides medical and dental insurance for uninsured children in families who qualify based on family size and income. For more information, visit: [www.health.utah.gov/chip](http://www.health.utah.gov/chip)

- **HPE (Hospital Presumptive Eligibility)**
  Provides temporary Medicaid coverage for parents/ caretaker relatives, children, pregnant women, and former foster care individuals who qualify based on preliminary information.

- **PCN (Primary Care Network)**
  Provides primary preventive health coverage for uninsured adults who qualify based on family size and income. For more information, visit: [www.health.utah.gov/pcn](http://www.health.utah.gov/pcn)

- **BYB (Baby Your Baby)**
  Provides temporary Medicaid coverage for pregnant women who qualify based on preliminary information. For more information, visit: [www.babyyourbaby.org](http://www.babyyourbaby.org)

- **UPP (Utah’s Premium Partnership for Health Insurance)**
  Provides a monthly premium reimbursement when a previously uninsured individual or family enrolls in their employer’s health plan or COBRA. For more information, visit: [www.health.utah.gov/upp](http://www.health.utah.gov/upp)

- **Medicaid**
  Provides medical benefits for low-income families, children, pregnant women, and disabled, blind and elderly individuals. For more information, visit: [medicaid.utah.gov](http://medicaid.utah.gov)

- **Private Health Insurance**
  Provides comprehensive coverage to help you stay well. This is offered through the Federally Facilitated Marketplace (FFM). For more information, visit: [www.healthcare.gov](http://www.healthcare.gov)

- **APTC (Advanced Premium Tax Credit)**
  This is a tax credit that can immediately help pay your premiums for health coverage in the Federally Facilitated Marketplace (FFM). For more information, visit: [www.healthcare.gov](http://www.healthcare.gov)

WHAT DO I NEED TO DO NEXT?

On your application, tell us about all of your family members who live with you. You can apply for and get benefits for eligible family members, even if your family includes other members who are not eligible because of their immigration status. For example, U.S. citizens or legal immigrant children may qualify for benefits even though their parents may not qualify. If you file taxes, we need you to tell us about everyone on your tax return. *(Note: You don’t need to file taxes to get health coverage.)* The program you qualify for
depends on the number of people in your family and their income. This information helps us make sure everyone gets the best health coverage.

See back of this cover sheet for more instructions.
WHAT DO I NEED TO DO NEXT? (CONT.)

Follow the instructions below based on the program(s) that you are applying for:

CHIP, PCN, UPP, Medicaid, Private Health Insurance, and/or APTC

• You may apply online at jobs.utah.gov/mycase
  OR fill out this application and return it to:

  Department of Workforce Services PO Box
  143245
  SLC, UT 84114-3245
  Fax: 1-801-526-9505
  Toll-free Fax: 1-888-522-9505

• Skip page 8 of the application if you are NOT applying for Hospital Presumptive Eligibility or Baby Your Baby.

• You may be asked to have your employer fill out the “Employer’s Health Insurance Form” (Attachment C). Please keep this form in case you are asked to do so.

• If more information is needed to determine your eligibility for benefits, an eligibility worker from DWS will contact you. If you have not heard from DWS within 10 days, please call toll-free 1-866-435-7414.

HPE or BYB

• We can best determine your eligibility if all questions are answered. However, for HPE and BYB, at a minimum you must fill out the questions on the four pages listed below.

  Page 1  Section A: Name, Address, Phone#
  Page 2  Section B: Question 1 Only
  Page 2  Section C: Questions 1, 6, and 9
  (For BYB, question 6 is not required.) Page 8
  Section K: All Questions
  (For BYB, question 6 is not required.) Page 10
  Section L: Signature

• The hospital or clinic will determine HPE or BYB eligibility and will forward your application to the Department of Workforce Services (DWS) to determine continued medical benefits. DWS will notify you of your eligibility decision. If more information is needed to determine your eligibility for benefits, an eligibility worker from DWS will contact you. If you have not heard from DWS within 10 days, please call toll-free 1-866-435-7414.

• Applying for continued medical benefits is not a requirement for HPE or BYB. If you choose not to apply, refer to number 8 on page 8.

WHERE CAN I GET MORE INFORMATION OR HELP?

• Translation services are available if you need help during the application process.
• Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711 or Spanish Relay Utah by dialing 1-888-346-3162.
• For answers to your questions about how to complete the application, your application status, or to find out if you qualify, please access your information online at www.jobs.utah.gov/mycase
• If you have questions about how to complete the application and/or you are unable to access the website, please call DWS at 1-866-435-7414.
• For general questions about the health care services covered by Medicaid or PCN, call the Medicaid Hotline at 1-800-662-9651.
• For general questions about CHIP, PCN or UPP, call the Health Information Hotline at 1-888-222-2542.
# APPLICATION

## APPLICANT INFORMATION

Name: ____________________________________________

(first (start with yourself) middle initial maiden last)

Home Address: ____________________________________________

(leave blank if you don’t have one) street apt.# city state zip

Mailing Address: ____________________________________________

(if different from home address) street apt.# city state zip

Home Phone: (______)__________________________

Cell/Other Phone: (______)__________________________

E-mail (optional): ________________________________

☐ Yes ☐ No  Do you speak English? If no, what is your primary language? ________________________________

Would you like to receive notices in English or Spanish? ☐ English ☐ Spanish

## HOUSEHOLD INFORMATION

1. List everyone who is living in your household. Check the box for those applying for health coverage.

<table>
<thead>
<tr>
<th>Name (first, m.i., last)</th>
<th>Relation to You</th>
<th>¹Social Security#</th>
<th>Birth Date (mm/dd/yy)</th>
<th>Sex (f/m)</th>
<th>²Race</th>
<th>³Ethnicity</th>
<th>⁴Marital Status</th>
<th>Full Time Student (y/n)</th>
<th>Utah Resident ⁵U.S. Citizen/National Eligible Non-Citizen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Utah Resident,U.S. Citizen/National, Eligible Non-Citizen</td>
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<td></td>
<td></td>
<td>Utah Resident,U.S. Citizen/National, Eligible Non-Citizen</td>
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<td>Utah Resident,U.S. Citizen/National, Eligible Non-Citizen</td>
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<td>6</td>
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<td></td>
<td></td>
<td></td>
<td>Utah Resident,U.S. Citizen/National, Eligible Non-Citizen</td>
</tr>
</tbody>
</table>
1Social Security Number & Citizenship

Social Security Number (SSN) and citizenship information are only needed for people applying for benefits. SSN is not required for people applying for presumptive eligibility. If someone needs help getting a SSN, call 1-800-772-1213 or visit [socialsecurity.gov](http://socialsecurity.gov). TTY users should call 1-800-325-0778.

2Race Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH</td>
<td>White</td>
</tr>
<tr>
<td>BL</td>
<td>Black/African American</td>
</tr>
<tr>
<td>AI</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>ASI</td>
<td>Asian Indian</td>
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<tr>
<td>CH</td>
<td>Chinese</td>
</tr>
<tr>
<td>FI</td>
<td>Filipino, (Optional)</td>
</tr>
<tr>
<td>JA</td>
<td>Japanese</td>
</tr>
<tr>
<td>KO</td>
<td>Korean</td>
</tr>
<tr>
<td>VI</td>
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<tr>
<td>OA</td>
<td>Other Asian</td>
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<tr>
<td>SA</td>
<td>Samoan</td>
</tr>
<tr>
<td>GC</td>
<td>Guamanian/Chamorro,</td>
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<tr>
<td>OPI</td>
<td>Other Pacific Islander</td>
</tr>
<tr>
<td>OT</td>
<td>Other</td>
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3Ethnicity Codes

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<th>Description</th>
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<tr>
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<tr>
<td>M</td>
<td>Mexican</td>
</tr>
<tr>
<td>MA</td>
<td>Mexican American</td>
</tr>
<tr>
<td>CH</td>
<td>Chicano/a</td>
</tr>
<tr>
<td>PR</td>
<td>Puerto Rican</td>
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<tr>
<td>CI</td>
<td>Cuban, (Optional)</td>
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<tr>
<td>AH</td>
<td>Another Hispanic, Latino, or Spanish Origin</td>
</tr>
<tr>
<td>OT</td>
<td>Other</td>
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</table>

4Marital Status

<table>
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<tr>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
</tbody>
</table>

2. If you are an American Indian or Alaska Native, please complete Attachment A as this can help you receive better benefits.

3. If anyone in your household has an eligible immigration status and is applying for benefits, complete the chart below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Immigration Document Type</th>
<th>Alien or I-94#</th>
<th>Document ID# (if different from Alien#)</th>
<th>Lived in the U.S. Since 1996? (y/n)</th>
<th>Is a veteran or an active-duty member of the U.S. military, or has spouse or parent who is (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL INFORMATION**

Please answer the following questions for anyone in your household that is applying for benefits. This will help us select the right medical program.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do ALL individuals who are applying for medical benefits have a Utah Medicaid card <em>(This card is used for both Medicaid and PCN)</em>?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If no, who needs a card?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Do you want help paying any medical bills from the last 3 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If yes, for who:__           For which month(s):__</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you want help paying for COBRA or your employer’s health insurance plan?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Does anyone who is applying for coverage have a major medical need? This includes cancer, kidney disease, heart disease, etc. <em>(Answering this question may get you extra help.)</em></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If yes, who:__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is the medical need?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Are you the primary person taking care of a child living in your home under age 19?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Was anyone who is applying for coverage in foster care on or after his/her 18th birthday?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Did he/she receive Medicaid at that time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Does anyone who is applying for coverage have a disability (a physical, mental, or emotional health condition that causes limitations in activities like bathing, dressing, daily chores, etc.)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Is anyone who is applying for coverage living in an institution (such as a hospital, nursing home, jail, or prison)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If yes, who:__________ When:__________ How long:__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is anyone who is applying for coverage currently pregnant or has been pregnant in the last 3 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If yes, who:__________ Due date:______</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many babies are expected during the pregnancy?____</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has she smoked or used tobacco in the past 6 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Does any child who is applying for coverage have a parent living outside the home?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If yes, are you willing to cooperate with the Office of Recovery Services to establish medical support from an absent parent(s)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Information about tobacco use among pregnant women is needed only to determine potential eligibility for Medicaid.*
1. Does anyone in your household have earned income? If yes, list any earned income received by all people who live in your home.

<table>
<thead>
<tr>
<th>Employed Person (name)</th>
<th>Employer Name, Address &amp; Phone Number</th>
<th>Hourly Rate or Monthly Salary ($900/mo., $9/hr.)</th>
<th>Hours Worked Weekly</th>
<th>How Often Paid (weekly, monthly)</th>
<th>Additional Income (tips, bonus, commission, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does anyone in your household have self-employment income? If yes, list any self-employment income received by all people who live in your home.

<table>
<thead>
<tr>
<th>Self-Employed Person (name)</th>
<th>Company Name</th>
<th>Type of Business (LLC, S-Corp, etc.)</th>
<th>Business Start Date</th>
<th>Percent of Company Owned</th>
<th>Net Income This Month (profit once business expenses are paid)</th>
</tr>
</thead>
</table>

3. Do you expect any changes in earnings or in the number of hours worked? If yes, who: _______________ Explain change(s): ____________________________

4. In the past year, did anyone in your household change jobs, stop working or start working fewer hours? If yes, who: _______________ Explain change(s): ____________________________

5. Does anyone in your household receive income from any of the following? Check All That Apply Below:

<table>
<thead>
<tr>
<th>Check All That Apply Below:</th>
<th>Gross Amount Before Any Deductions</th>
<th>How Often</th>
<th>Approximate Start Date (month/year)</th>
<th>Name of Person Receiving the Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Accounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony Received</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Farming/Fishing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Rental/Royalty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>Type:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. List the amount paid and how often you pay it. If you pay for certain things that cannot be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. *(Note: You shouldn’t include a cost already considered in your answer to net self-employment income.)*

<table>
<thead>
<tr>
<th>Check All That Apply Below:</th>
<th>Amount Paid</th>
<th>How Often</th>
<th>Name of Person Paying the Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Alimony Paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Student Loan Interest Paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Deductions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type: _______________________

☐ Yes ☐ No

2. Do you have pre-tax deductions taken out of your paycheck such as health insurance premiums and 401K contributions. If yes, complete the chart below.

<table>
<thead>
<tr>
<th>Check All That Apply Below:</th>
<th>Amount</th>
<th>How Often</th>
<th>Name of Person with pre-tax deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Health Insurance Premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 401K Contribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Pre-tax Deductions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type: _______________________

**YEARLY INCOME**

Complete only if your income changes from month to month. If you don’t expect changes from month to month, skip to the next section.

Total income THIS year: ________________________

Total income NEXT year: ________________________

*(if you think it will be different)*
Please answer the following questions to help us select the program for your household. In addition to the questions below, please complete Attachment B of this application for all dependents that are not living with you, but are claimed on your tax return.

- Yes  - No

1. Do you plan to file a federal income tax return next year or will you be claimed as a dependent on someone’s tax return next year?

If yes, complete the chart below. *(If you are claiming more than 5 dependents on your tax return, make a copy of this page to complete the information for the additional dependents.)*

<table>
<thead>
<tr>
<th>Check one:</th>
<th>Applicable to Tax Filer Only: Filing Jointly with Spouse</th>
<th>Applicable to Tax Filer Only: Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Tax Filer OR ☐ Tax Dependent</td>
<td>☑ Yes ☐ No Are you filing jointly with your spouse?</td>
<td>Dependents #1 Name: ____________________________</td>
</tr>
<tr>
<td>☑ Yes ☐ No Will you be claimed as a dependent on someone’s tax return?</td>
<td>If yes, name of spouse: ________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #2 Name: ____________________________</td>
</tr>
<tr>
<td>If yes, list name of tax filer and your relationship to the tax filer: Name: ____________________________ Relationship: ____________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #3 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>☑ Yes ☐ No Are you filing jointly with your spouse?</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #4 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>If yes, name of spouse: ________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #5 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>☑ Tax Filer OR ☐ Tax Dependent</td>
<td>☑ Yes ☐ No Are you filing jointly with your spouse?</td>
<td>Dependents #1 Name: ____________________________</td>
</tr>
<tr>
<td>☑ Yes ☐ No Will you be claimed as a dependent on someone’s tax return?</td>
<td>If yes, name of spouse: ________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #2 Name: ____________________________</td>
</tr>
<tr>
<td>If yes, list name of tax filer and your relationship to the tax filer: Name: ____________________________ Relationship: ____________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #3 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>☑ Yes ☐ No Are you filing jointly with your spouse?</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #4 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>If yes, name of spouse: ________________________</td>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #5 Name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>☑ Yes ☐ No Living with Tax Filer? Dependents #1 Name: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>Living with Tax Filer?</td>
<td></td>
</tr>
</tbody>
</table>
### HEALTH INSURANCE INFORMATION

1. **Does anyone in your household who is applying for coverage currently have Medicaid, CHIP, or Medicare?**
   - If yes, check the type of coverage and write their names next to the coverage they have.
     - Medicaid: ____________________________
     - CHIP: ____________________________
     - Medicare: ____________________________

2. **Has anyone who is applying for coverage been injured in an accident or been a victim of assault in the last 12 months?**
   - Yes  No

3. **Is someone outside your home required to pay for your household's medical services?**
   - Yes  No

4. **Is anyone who is applying for coverage enrolled or eligible for COBRA coverage or continued health insurance through an employer?** If yes, complete the chart below.
   - Yes  No

5. **Does anyone in your household currently have health insurance (including Veterans, TriCare, or Peace Corps.), have insurance available but not enrolled, or has had insurance in the past 6 months?** If yes, complete the chart below.

#### INSURANCE 1

(Do not list Medicaid, Medicare, CHIP, or PCN)

- Enrolled, start date: ________________  Not enrolled, but available  Ended, date ended: ________________

(If you checked that your insurance status is "Not enrolled, but available" and this insurance is offered through your job or someone else's job such as a parent or spouse, please also complete Attachment C - Employer's Health Insurance Information Form attached to this application.)

Name(s) of individuals covered: ____________________________

Name of insurance company: ____________________________  Phone: ____________________________

Address of insurance company: ____________________________  Group#: ____________________________

Policyholder name: ____________________________  Group#: ____________________________

Policyholder birth date: ____________________________  Policy#: ____________________________

Yes  No  Is this insurance through the Federally Facilitated Marketplace (FFM)?

If insurance is through an employer, list employer's name and phone#: ____________________________

Type of coverage: □ Comprehensive  □ Limited

#### INSURANCE 2

(Do not list Medicaid, Medicare, CHIP, or PCN)

- Enrolled, start date: ________________  Not enrolled, but available  Ended, date ended: ________________

(If you checked that your insurance status is "Not enrolled, but available" and this insurance is offered through your job or someone else's job such as a parent or spouse, please also complete Attachment C - Employer’s Health Insurance Information Form attached to this application.)

Name(s) of individuals covered: ____________________________

Name of insurance company: ____________________________  Phone: ____________________________

Address of insurance company: ____________________________  Group#: ____________________________

Policyholder name: ____________________________  Policy#: ____________________________

Policyholder birth date: ____________________________  Policyholder SS#: ____________________________

Yes  No  Is this insurance through the Federally Facilitated Marketplace (FFM)?

If insurance is through an employer, list employer’s name and phone#: ____________________________

Type of coverage: □ Comprehensive  □ Limited
OTHER TYPES OF MEDICAL PROGRAMS

If you or anyone applying for coverage are aged, blind, or disabled, living in a nursing home, applying for a Medicaid waiver program, or if you are over the income for the other Medicaid programs, you are required to answer the following questions. While these questions are optional to answer upfront, providing this information now will help us to process your application more quickly.

OTHER BENEFITS, INCOME, AND EXPENSES

1. Has anyone in your household applied for, received, or been denied Social Security Income, VA, Unemployment, or Worker's Compensation?
   If yes, explain: ________________________________________________________________

2. Has anyone in your household been determined disabled by Social Security?
   If yes, who: _________________________________________________________________

3. Does anyone in your household that has been determined disabled by Social Security pay child support or alimony?
   If yes, list name, amount paid, and how often: ________________________________

4. If employed, do you expect any changes in earnings or in the number of hours worked?
   If yes, explain: ______________________________________________________________

5. Does anyone help you pay your mortgage/rent, food, or utility bills?
   If yes, explain: ______________________________________________________________

6. Does anyone in the household work in exchange for mortgage/rent, food, or utility bills?
   If yes, explain: ______________________________________________________________

7. Does anyone in the household pay for dependent care so he/she can go to work?
   If yes, list name, amount paid, and how often: ________________________________

   ASSETS

1. Do you or anyone in your household have any of the following financial assets? Check all that apply.
   - Annuity
   - 401K/Retirement
   - IRA
   - Money Market Fund
   - Stock
   - Trust Fund
   - Bond
   - Time Certificate
   - Checking Account $ ___________________
   - Savings Account $ ___________________
   - Other: ______________________________

2. Do you or anyone in your household have any of the following assets? Check all that apply.
   - Land
   - Cemetery Plot
   - Home
   - Life Estate
   - Tools
   - Timeshare
   - Camper/Trailer
   - Livestock
   - Life Insurance
   - Mineral/Timber Right
   - Rental/Investment Property
   - Burial Plan/Fund
   - Other: ______________________________

3. Do you own any vehicles?
   If yes, using the chart below, list any vehicles that are owned by you and anyone who lives with you. This vehicle includes all cars, trucks, vans, snow mobiles, motorcycles, motor homes, boats/motor boats, ATVs, or other vehicles.

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Licensed (y/n)</th>
<th>License Plate#</th>
<th>State</th>
<th>Owner/Joint Owners</th>
<th>Amount Owed</th>
</tr>
</thead>
</table>

HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE) & BABY YOUR BABY (BYB)

If there is anyone in your household who is applying for HPE or BYB, you are required to answer questions on this page in addition to the specified questions on page 1 and 2. Please refer to the Application Information coversheet to identify which specific questions on page 1 and 2 you must answer. Make sure you sign the application.
1. Does anyone in your household have earned or unearned income?
Enter total monthly household earned income before taxes. $ (must complete.)
Enter total unearned income your household receives each month. $  

2. Is anyone in your household who is applying for benefits, but is not a U.S. Citizen or National, an eligible non-citizen? If yes, complete the chart below.

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Eligible Non-Citizen Status</th>
<th>Date Granted Status (month/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Is anyone in the household currently on Utah Medicaid, CHIP, PCN, UPP, BYB, HPE, or has been approved for Utah Medicaid with a spenddown?
If yes, who: 

4. Has anyone in your household been denied Utah Medicaid, CHIP, PCN, or UPP in the last 30 days?
If yes, who: 
If yes, what household circumstances changed since the denial?  

5. Has anyone in your household been approved for HPE in the last calendar year or if there is anyone pregnant, has she been approved for HPE or BYB for this pregnancy?
If yes, who: 

6. Is there any child in the household who has a parent who is absent from the home, unable to work due to an injury or illness, deceased, receives Unemployment Benefits, or works less than 100 hours per month. If yes, list the child(ren)'s name(s): 

7. Does anyone in your household currently have health insurance? *(This information is optional.)*
If yes, complete the chart below.

<table>
<thead>
<tr>
<th>Insurance Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) of individual(s) covered:</td>
</tr>
<tr>
<td>Name of insurance company:</td>
</tr>
<tr>
<td>Address of insurance company:</td>
</tr>
<tr>
<td>Policyholder name:</td>
</tr>
</tbody>
</table>

8. Applying for continued medical benefits is not a requirement for HPE and BYB.
☐ By checking this box, I opt out of applying for continued medical benefits.
The State of Utah (the State) referenced below includes the Utah Department of Health, the Department of Workforce Services and/or the Office of Recovery Services.

- The State cannot discriminate against me due to my race, color, national origin, sex, age, sexual orientation, gender identity or disability as provided by federal law. I can file a complaint by visiting www.hhs.gov/ocr/office/file or contacting the DHHS Office for Civil Rights at 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 or 1-800-368-1019, 1-800-537-7697 (TDD).

- If I give any false information or fail to report changes, I may be prosecuted for fraud. Benefits may be reduced, denied or stopped because of the reported information. If I receive

- The Utah Clinical Health Information Exchange (cHIE) is an electronic system that gathers my medical history from participating cHIE healthcare providers. The cHIE provides a safe place for my healthcare providers to share my medical information. For more information or to opt out of the cHIE participation, I can visit www.mychie.org or contact my healthcare provider.
the State.

- The State has the right to recover from my estate all money spent to pay my medical bills if I receive PCN and/or Medicaid at any time while I am 55 years of age or older. The State will only collect after my spouse and I die.
- The State will not recover from my estate costs paid by the Medicare cost-sharing programs (QMB, SLMB, QI).
- I authorize the State to tell my healthcare providers if I am eligible for benefits. While I am eligible, the State may exchange information with my health insurance provider or employer.
- I must cooperate with the State in pursuing any third party responsible for medical expenses. I must cooperate with the State to establish medical support or paternity for my family. If I have good cause not to cooperate, I will not be required to cooperate.
- I must report any changes within 10 days. This includes changes in my income, address, phone number, household size, and access to health insurance coverage.
- I will receive a medical card for myself or others in my family if determined eligible. I will only allow the person named on the medical card to use it to receive services.

- I assure that all household members applying for medical assistance are U.S. citizens or aliens in lawful immigration status. Someone who only needs help for a medical emergency does not have to be a citizen or lawful alien.
  I do not have to report the citizenship information of someone who is not applying. The State verifies lawful alien status with the U.S. Citizenship and Immigration Service. The State will not report undocumented people in my home.
- The Utah Statewide Immunization Information System (USIIS) is an electronic registry. It keeps complete, up-to-date records of my child’s immunization history. For more information, or to withdraw my child from USIIS, I can call 1-800-275-0659.

If I receive payments under a long-term care partnership insurance plan, some assets may not count to decide my eligibility. In this case, the State will not recover medical costs from those assets after I die.

- I have been given a copy of the Rights and Responsibilities and Change Reporting Requirements. The benefits I am eligible to receive may be changed without my knowledge or consent. I must pay any co-pays to providers when I receive services unless I am exempt from those co-pays.
  The medical benefits I may receive are described in the State’s Provider Manuals. I am not eligible for services that are not listed in these manuals. I understand the State may change these manuals without my consent or knowledge.
  I must follow the medical assistance program rules. My spouse and/or children, if eligible, must also follow these rules.
- I authorize the State to verify any information provided. I understand this occurs when I apply for and after I receive benefits.

If the State pays for my medical care, I assign to it my rights to payments for medical services from any third party. I will give the State any money I receive from an insurance policy or from someone who must pay my medical costs. I authorize payments be made directly to the State. I will hold harmless any party making payment to the State.
- I may ask for a fair hearing if I disagree with the decision made on this application.
I understand the State will use Social Security Numbers for those who are applying for benefits to make sure households are eligible for benefits. The State uses the State Income and Eligibility Verification System to do computer matches. The State uses the information it finds for benefit reviews and audits. The agencies that may receive, provide or use this information include: Workforce Services, Health, Human Services, Homeland Security, Social Security, and Internal Revenue Service. The State may also use information from consumer reporting agencies. The State may ask for information from banks or credit unions, and other organizations or people who may have eligibility information about my household. I must give the State proof that shows my household is eligible.

I, (print name)______________________________, have read the statements above or someone has read them to me. I understand and agree to those statements. Under penalty of perjury, I swear that the answers I give on this application are complete and correct. I am the person represented by the signature on this document. I know I may be subject to federal or state penalties if I give false or untrue information. Providing a Social Security Number and information pertaining to immigration or alien status is voluntary; however, any person who wants assistance but does not provide such information may not be eligible for benefits. Failure to provide this information will not subject the applicant to criminal charges.

Signature (check one):  ☑ Applicant  ☑ Authorized Representative

Date

Would you like someone to act as an authorized representative and have access to the information regarding your case? If yes, please complete Attachment D - Authorization to Disclose Medical Eligibility Information form, attached to this application.

RENEWAL OF COVERAGE IN FUTURE YEARS

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. I also agree to allow the Department of Workforce Services, the Department of Human Services and the Department of Health to use information from tax returns. I can opt out at any time. The Marketplace will send me a notice and let me make changes.

Yes, renew my eligibility automatically for the next

☑ 5 years (the maximum number of years allowed), or for a shorter number of years:

☐ 4 years  ☐ 3 years  ☐ 2 years  ☐ 1 year  ☐ Don't use information from tax returns to renew my coverage.

VOTER REGISTRATION INFORMATION

☑ Yes  ☐ No

If you are not registered to vote where you live now, would you like to apply to register to vote today? If you do not check either of these boxes, we will assume you have decided not to register to vote at this time. You may fill out the application form in private. If you would like help in filling out the voter registration application form, we will help you. The decision to seek or accept help is yours. Choosing to register or declining to register to vote will not affect the amount of benefit that you will be provided by this agency. If you believe that someone has interfered with your right to register, your right to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Lt. Governor, State of Utah, PO Box 142220, SLC, UT 84114.

RETURN COMPLETED FORM TO:

You have now completed the application. Please return this completed application form and any needed attachments to:

...
YOUR RIGHTS & RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

• Receive free language assistance services.

You have the right to an interpreter. Free language assistance services are available to you. Please call 801-526-0950 or see below:

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. LLame al 801-526-0950.

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 801-526-0950.

Vietnamese

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 801-526-0950 번으로 전화해 주십시오.

Navajo

Nepali

Tongan
FAKATOKANGA’I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai 801-526-0950.

Serbo-Croatian

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 801-526-0950.

German

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 801-526-0950.

Cambodian

French
ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 801-526-0950.

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。801-526-0950。

Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فان خدمات اجلس إحدى البلغارية تتوفر لك بالبلج不说。 اتصل برقم 801-526-0950.
YOUR RIGHTS & RESPONSIBILITIES
(Cont.)

YOU HAVE THE RIGHT TO:

- Apply or re-apply any time for medical benefits.
  Some medical benefits are only available during open enrollment periods. If you need help to apply, ask for help from our staff.

- Receive a notice when we approve or deny your application.
  The notice will tell you the reason for the decision. For medical benefits, we have 30 days to process your application. We have 90 days if you claim to be disabled. You can ask for more time. If you need more time, let us know before the end of the 30 or 90 days.

- Receive a notice when we reduce, stop or hold your medical benefits.
  We will notify you 10 days in advance before we take any negative actions.

- Look at information in your case.
  Information about you and your case is confidential. We may give information to other agencies to decide if you are eligible for other benefits.

- If you do not agree with decisions we make:
  Talk to your worker. Make sure you understand the decision.
  Talk to your worker’s supervisor.
  Talk to Constituent Services: 1-801-526-4390 or call toll-free 1-800-331-4341
  Ask for a fair hearing. You have 90 days to ask for a hearing. If you ask within 10 days of the notice date, your benefits may continue during the hearing process.
  You cannot have a hearing if you are denied for presumptive eligibility.

  You may have a lawyer help with your fair hearing. You may qualify for free legal help from Utah Legal Services.
  In Ogden, call 1-801-328-8891. The toll-free number is 1-800-662-2538.
  You may also ask for a referral for legal help from the Salt Lake Lawyer Referral at 1-801-531-9075.

YOU ARE RESPONSIBLE FOR:

- Verifying information for us to decide if you are eligible for benefits.
  - You must give us the Social Security Number (SSN) of each household member who wants medical benefits (Social Security Act (U.S.C. 1320 b - 7 (a) (1))). The State uses your SSN to make sure you are eligible. The State does computer matches through the State Income and Eligibility Verification System. The State uses computer match data for benefit reviews and audits. If you do not have a SSN, you must prove you have applied. You may be eligible for benefit while you wait for your number.
If you apply for Medicaid only to cover emergency services, you do not have to give us a SSN.

- **Utah Statewide Immunization Information System (USIIS)**
  The State enrolls children who receive Medicaid in USIIS. If you do not want your children enrolled in this system, call the USIIS HelpLine at 1-801-538-6872 or the Immunization Hotline at 1-800-275-0659.

- **Utah Clinical Health Information Exchange (cHIE)**
  If you receive medical benefits (Medicaid, CHIP, UPP, PCN), the State enrolls you in the cHIE. The cHIE provides a safe place for participating healthcare providers to share and view patient medical information. You may opt out of the cHIE at any time. For more information or to opt out of the cHIE, visit www.mychie.org or call your healthcare provider.

- Cooperating and providing information about other sources of medical payments and on obtaining medical support.
  If you feel you could be harmed by giving this information, you can ask for a "good cause" claim. Your worker can explain the process.

- Cooperating on reviews of your case by Quality Control, Recovery Services, and the Bureau of Eligibility Policy.

- Following medical benefit rules.
  This applies to you and your medical household members.
CHANGES YOU MUST REPORT

Remember you are required to report changes in your situation WITHIN 10 DAYS of the day you learn of the change. Do not delay reporting changes. Changes can affect your eligibility. If you receive benefits which you are not eligible to receive, you will have to repay that amount. To report changes, contact DWS online at www.jobs.utah.gov/mycase or call 1-866-435-7414.

IF YOU RECEIVE MEDICAL COVERAGE BENEFITS, YOU MUST REPORT:

- **Changes in Marital Status, Pregnancy Status, or Living Arrangement**
  Getting married, separated, or divorced; moving in with a roommate; changing an address or phone number; absent parent moving in; pregnancy; birth of a baby or end of a pregnancy; household member moving in or out; death of a household member; hospital stays for more than 30 days; anyone in your household going to jail or prison; receiving help with your household expenses, etc.

- **Changes in Any Asset(s)**
  Changes in ownership or value of stocks, bonds, property, vehicles, life insurance, trust funds, burial plans, and cash, etc. for all household members; opening and closing of bank accounts. (Includes joint ownership of any asset with spouse, parents, children, etc.)
  *(Note: This is not required for CHIP, PCN, UPP, Child or Family Medicaid unless you pay a spenddown.)*

- **Changes in Source of Income**
  Getting a job, terminating a job, or working for temporary agencies; receiving educational income, SSI, SSA, or unemployment compensation, etc.; receiving a lump sum, such as SSA benefits or accident/injury awards.
  *(Note: For CHIP and UPP, this is only required at review.)*

- **Changes in Amount of Earned or Unearned Gross Monthly Income**
  Working more OR less hours, overtime, getting a raise, etc.; change in the amount of SSI, SSA, Unemployment Compensation, etc.
  *(Note: For CHIP and UPP, this is only required at review.)*

- **Changes in Insurance Coverage**
  Gaining or losing health insurance coverage or changing the health insurance premium or plan. You must also report accidents or injuries which may be payable by a third party.

- **Changes in Expenses Paid**
  Changes in child care expense, shelter or utility costs, or support payments.
  *(Note: This is not required for CHIP, PCN and UPP.)*

FOR CHILD OR FAMILY MEDICAID, CHIP, UPP, OR PCN, YOU MUST ALSO REPORT:
• Changes in Tax Filing Status or Number of Dependents Claimed on Your Taxes
  *(Note: For CHIP and UPP, this is only required at review.)*

• Changes in Earnings of a Child
  *(Note: For CHIP and UPP, this is only required at review.)*

• Changes in Student Status of a Child
  *(Note: For CHIP and UPP, this is only required at review.)*

• Changes in Access to Health Insurance Coverage
  Gaining access to coverage under an employer sponsored health insurance plan, COBRA, Veteran's Administration, or Medicare. For PCN, this also includes health plans offered by a college/university.

  *(Note: This is only required for CHIP, PCN and UPP.)*
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**ATTACHMENT A**

American Indian or Alaska Native Family Member (AI/AN)

*Complete this attachment if you or a family member are American Indian or Alaska Native. Submit this with your application. If you have more people to include, make a copy of this page and attach it to your application.*

Tell us about your American Indian or Alaska Native family member(s).
American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

<table>
<thead>
<tr>
<th>1. Name</th>
<th>First</th>
<th>Middle</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Member of a federally recognized tribe?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, tribe name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Has this person ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Certain money received may not be counted for Medicaid or the Children’s Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties.
Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian Trust Land by the Department of Interior (including reservations and former reservations).
Money from selling things that have cultural significance.

| Amount: $_________________ | Amount: $_________________ |
| How often: __________________ | How often: __________________ |
This page is intentionally left blank.
ATTACHMENT B
Information About Your Dependents That Are Not Living With You

Complete this attachment for all dependents that ARE NOT living with you, but are claimed on your tax return. If you have more dependents that are not living with you, but are claimed on your tax return, please make a copy of this page and attach it to your application.

A. GENERAL INFORMATION

Complete the following chart for your dependent:

<table>
<thead>
<tr>
<th>Name of Dependent (first, m.i., last)</th>
<th>Relationship to You</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Sex (f/m)</th>
<th>SSN# (optional)</th>
</tr>
</thead>
</table>

1. Is your dependent currently pregnant or has been pregnant in the last 3 months?
   - Yes
   - No
   If yes, due date: ________________
   How many babies are expected during the pregnancy? __________

B. INCOME

1. Does your dependent have earned income? If yes, complete the chart below:

<table>
<thead>
<tr>
<th>Employer Name, Address and Phone#</th>
<th>Hourly Rate or Monthly Salary ($900/mo., $9/hr.)</th>
<th>Hours Worked Weekly</th>
<th>How Often Paid (weekly, monthly)</th>
<th>Additional Income (tips, bonus, commission, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does your dependent have self-employment income? If yes, list any self-employment income received:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Type of Business (LLC, S-Corp, etc.)</th>
<th>Business Start Date</th>
<th>% Company Owned</th>
<th>Net Income This Month (profit once business expenses are paid)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. In the past year, did your dependent change jobs, stop working or start working fewer hours?
   - Yes
   - No

4. Does your dependent have/receive any of the following? Check all that apply.

   - Unemployment $__________ How Often: __________
   - Pensions $__________ How Often: __________
   - Social Security $__________ How Often: __________
   - Alimony Received $__________ How Often: __________
   - Retirement Accts. $__________ How Often: __________
   - Alimony Paid $__________ How Often: __________
   - Other Deductions $__________ How Often: __________
   - Net Farming/Fishing $__________ How Often: __________
   - Net Rental/Royalty $__________ How Often: __________
   - Other Income $__________ How Often: __________
   - Type: ______________

C. DEDUCTIONS

Check all that apply, and give the amount and how often your dependent pays it. If your dependent pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. (Note: You should not include a cost already considered in your answer to net self-employment income.)

- Alimony Paid $__________ How Often: __________
- Student Loan Interest $__________ How Often: __________
- Other Deductions $__________ How Often: __________

Type: ______________
D. YEARLY INCOME

Complete only if your dependent's income changes from month to month.

Total income THIS year: ________________________

Total income NEXT year: ________________________

(If you think it will be different)
This page is intentionally left blank.
ATTACHMENT C

Employer's Health Insurance Information

You will need your employer or company's Human Resources representative to complete this form. Complete this form for each employed household member. You may copy this form. If you need more time to finish this form, please send us the rest of the application so that we can look at your application as soon as possible. However, in some situations, we will need the information from this form to help determine your eligibility. If you have questions regarding this form, please call 1-866-435-7414.

A. GENERAL INFORMATION

Employee Information
Employee Name: ___________________________ Employee SSN#: ___________________________
(first, m.i., last)

Employer Information
Employer Name: ___________________________
EIN#: ___________________________ Phone#: ___________________________
Address: _____________________________________________
street apt.# city state zip

Who can we contact about employee health coverage at this job?
Contact Name: ___________________________
Phone#: ___________________________ E-mail address: ___________________________

Yes No 1. Does your company offer health insurance? If no, skip to section D. Sign and return the form.
Yes No 2. Is your health insurance a state employee benefit plan?
Yes No 3. Is your health insurance offered through Avenue H?
Yes No 4. Is the employee eligible to enroll in any insurance plan offered?
   If no, please explain: ___________________________
   If yes, when is/was the employee eligible to enroll? (mm/dd/yy) ___________________________
Yes No 5. Is the employee or any family member enrolled in any insurance plan offered?
   If yes, name(s) of person(s) enrolled: ___________________________

Yes No 6. Has this employee or any family member dropped/changed coverage in the last six months?
   If yes, name(s): ___________________________
   If yes, when did coverage end/change? (mm/dd/yy) ___________________________
Yes No 7. Does the employer offer a health plan that meets the *minimum value standard?
Yes No 8. For the lowest-cost plan that meets the *minimum value standard offered only to employee (don’t include family plans):
   If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on the wellness programs:
   How much would the employee have to pay in premiums for that plan? $ ___________________________
   How often? ___________________________
   weekly every 2 weeks twice a month quarterly yearly
Yes No 9. Do you know what change the employer will make for the new plan year? If yes, complete the following:
   Employer won’t offer health insurance
   Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the *minimum value standard. (Premium should not reflect the discount for wellness programs. See question 8.)
   How much will the employee have to pay in premiums for that plan? $ ___________________________
   How often? ___________________________
   weekly every 2 weeks twice a month quarterly yearly
*An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)
B. EMPLOYER’S LEAST EXPENSIVE PLAN OR AVENUE H DEFAULT PLAN

Questions below refer to the employer’s least expensive plan or the Avenue H Default Plan.

☐ Yes  ☐ No 1. Does the employee have to enroll in order to add their dependent(s)?

☐ Yes  ☐ No 2. When will/did coverage begin? (mm/dd/yy) ______________

☐ Yes  ☐ No 3. When does the company’s next open enrollment begin? (mm/dd/yy) ______________

☐ Yes  ☐ No 4. Complete the chart below. Do not include the cost of dental, vision or other coverage if it is separate.

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Yearly Health Plan Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee’s Portion</td>
</tr>
<tr>
<td>Employee</td>
<td>$</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$</td>
</tr>
<tr>
<td>Family</td>
<td>$</td>
</tr>
</tbody>
</table>

C. EMPLOYEE’S HEALTH PLAN CHOICE

Questions below refer to the plan that the employee has selected. Questions 3-7 refer to “in-network” benefits.

1. Insurance company and plan name: ________________________________

2. Policy number, if known: ________________________________

☐ Yes  ☐ No 3. Is the deductible $2,500 or less per individual?

☐ Yes  ☐ No 4. Is the lifetime maximum benefit $1,000,000 or more?

☐ Yes  ☐ No 5. Does the plan pay at least 70% of an inpatient stay (after the deductible)?

☐ Yes  ☐ No 6. What benefits are covered under this plan? (Check all that apply.)

□ Physician visits  □ Hospital inpatient services  □ Pharmacy/Rx

☐ Yes  ☐ No 7. Does the plan cover abortion services? If yes, under what circumstances:

Only in the case where the life of the mother would be endangered if the fetus were carried to term or in the case of incest or rape

Other, please describe:

☐ Yes  ☐ No 8. Complete this chart only if it is different from the chart in Section B. Do not include the cost of dental, vision or other coverage if it is separate.

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Yearly Health Plan Deductible</th>
</tr>
</thead>
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<td>Employee’s Portion</td>
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<td>Employee</td>
<td>$</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$</td>
</tr>
<tr>
<td>Family</td>
<td>$</td>
</tr>
</tbody>
</table>

☐ Yes  ☐ No 9. Are the employee’s children currently enrolled or do they plan to enroll in your company’s dental plan? If yes, name(s): ________________________________

D. SIGNATURE

I certify that I am a representative of the Human Resource Department, or that I am the health insurance contact person. The information on this form is true and correct to the best of my knowledge.

Signature: ________________________________  Date: ________________________________

Name (please print): ________________________________

Title: ________________________________  Phone#: ________________________________

Please return completed form to:
ATTACHMENT D
Authorization to Disclose
Medical Information

You can choose an authorized representative.
You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative."

_________________________ ____________________________ __________/____/____
Customer Name Case # Date of Birth

I, _____________________________________________, hereby give _____________________________________________ the authority to:

(check only one box)

☐ Receive Medicaid, CHIP, UPP, PCN or Buyout eligibility information regarding my current application, ongoing case or a recent case denial or closure. This authorization is effective from the date this form is signed to whichever of the following occurs first:
The following date: ____________________________; or
The medical application is denied*; or
30 days from the month the medical program is closed*.
*If the application is denied or the case is closed, information disclosure will continue throughout the fair hearing process

☐ Speak or act on my behalf as an authorized representative, which includes receiving Medicaid, CHIP, UPP, PCN or Buyout eligibility information regarding my current application, ongoing case or a recent case denial or closure. This authorization is effective from the date this form is signed until a written notification to revoke the authorization is received by the Department of Workforce Services.

Address of Authorized Representative: ____________________________________________________________
Phone Number of Authorized Representative: ______________________________________________________

• I understand that I may revoke this authorization at any time by sending a written notification to the Department of Workforce Services (DWS). I understand that a revocation is not effective to the extent that the Utah Department of Health, through its Division of Medicaid and Health Financing (DMHF) or the DWS has relied on the disclosed health information.

• I understand my rights and responsibilities described in the Notice of Privacy Practices. For a duplicate Notice of Privacy Practices, access the following URL - http://health.utah.gov/hipaa/privacy.htm

• I understand that I may refuse to sign this authorization. I also understand that the DWS cannot deny eligibility for benefits if I refuse to sign this authorization.

• I understand that giving an individual authorized representative power allows them to act on my behalf, which includes making changes to my medical case and any changes that they make, I may be liable for if an overpayment is incurred.

• I understand that once information is disclosed pursuant to this authorization, it is possible that it will no longer be protected by medical privacy laws and could be disclosed by the person or agency that receives it.

Note: DMHF and DWS will not disclose controlled documents without the consent of their Legal Departments.

• By signing this form, I acknowledge I have been provided a copy of this signed authorization.

______
Signature of Customer, Legal Guardian, or Authorized Representative

Date

If signed by other than the customer, description of authority to serve:
Equal Opportunity Employer Program: Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346
Revised PBI Legal Clinics Flyer 2017

Have legal questions?
Get answers at the Pro Bono Initiative’s free legal clinics!
Harrisville, UT 84404

At the clinics, you can meet with volunteer attorneys and law students to get brief advice on your legal problem. The volunteers cannot discuss criminal matters and we cannot represent you in court. The clinics are designed for people who cannot afford an attorney. Income limits may apply. All clinics are on a first-come, first-serve basis. Please arrive promptly when the clinic opens to reserve your spot. All meetings with volunteers must be completed by the listed closing time. Clients arriving less than 30 minutes before closing may not be seen. The clinics are closed for holidays and other events.

For more information on clinic closures and changes, visit www.law.utah.edu/probono.
Street Law Free Legal Clinic
Answers questions related to consumer issues, employment, housing, Small Claims, etc. 2nd, 3rd & 4th Tuesdays of every month.
5:00 p.m. – 6:30 p.m.
Horizonte School cafeteria.
1234 South Main Street, Salt Lake City, Utah.

Family Law Clinic
Answers family law questions related to divorce, custody, child support, protective orders, etc.
1st & 3rd Wednesdays of each month.
6:00 p.m. – 7:30 p.m.
Matheson Courthouse, Room W-19. 450 South State Street, Salt Lake City, Utah.

Debtor’s Counseling Clinic
Answers questions related to bankruptcy, debt collection, credit issues, and identity theft.
3rd Tuesday of each month.
5:00 p.m. – 6:30 p.m.
Horizonte School cafeteria.
1234 South Main Street, Salt Lake City, Utah.

Community Legal Clinic: Salt Lake
Answers questions related to immigration, such as citizenship, status, deportation, visas & Family Law. 1st Tuesday of every month.
5:00 p.m. – 6:30 p.m.
LDS Employment Center.
780 West 800 South, Salt Lake City, Utah.

Community Legal Clinic: Ogden
Answers questions related to immigration, such as citizenship, status, deportation, visas & Family Law. 2nd Thursday of every month.
5:00 p.m. – 6:30 p.m.
LDS Employment Center.
435 North Wall Avenue, Suite B. Harrisville, Utah.
Expungement Clinic
Answers questions about barriers to employment, such as expungements and outstanding warrants.
1st Thursday of every month.
5:00 p.m. – 6:30 p.m.
LDS Employment Center.
780 West 800 South, Salt Lake City, Utah.

Rainbow Law Free Clinic
Answers questions on LGBT legal issues related to employment, estate planning, family law, etc. 2nd Thursday of every month.
6:00 p.m. – 6:30 p.m.
Utah Pride Center.
255 East 400 South, Salt Lake City, Utah.

Medical-Legal Clinic
Answers questions related to healthcare and accommodations, as well as housing and family law. 1st Wednesday of each month.
4:30 p.m. – 5:30 p.m.
South Main Health Center.
3690 South Main Street, Salt Lake City, Utah.

American Indian Legal Clinic
Answers questions related to the Indian Child Welfare Act, tribal land, family claim issues, etc.
Dates on the Urban Indian Walk-In Center website. E-mail probono@law.utah.edu for more information. Urban Indian Walk-In Center.
120 West 1300 South, Salt Lake City, Utah.

Community Legal Clinic: Sugarhouse Answers questions related to immigration, such as citizenship, status, deportation, visas & Family Law.
3rd Thursday of every month.
5:00 p.m. – 6:30 p.m.
Deseret Industries: Walk into the D.I. building and follow the signs inside the building to the room.
2140 South 800 East, Salt Lake City, Utah.

¿Tiene preguntas legales?
Obtenga respuestas en las clínicas gratuitas del Pro Bono Initiative.

Equal Opportunity Employer/Programs
Utah Department of Workforce Services, P.O. Box 143245, SLC, UT 84114-3245 – 1.801.526.0950 or 1.866.435.7414 – fax 1.801.526.9500 or 1.877.313.4717
En las clínicas puede reunirse con abogados voluntarios y estudiantes de derecho para obtener consejos para su problema legal. Los voluntarios no pueden discutir materia penal o representarlo en la corte. Las clínicas son diseñadas para personas que no pueden pagar por un abogado. Se pueden aplicar límites de ingresos. Los clientes serán ayudados por orden de llegada. Por favor llegue puntualmente para reservar su lugar. Todas las reuniones con los voluntarios deben ser completados antes de que cierre la clínica. Los clientes que lleguen a menos de 30 minutos antes del cierre no se pueden ver. Las clínicas están cerradas los días festivos y para otros eventos. Para obtener más información sobre los cierres de clínicas y cambios, visite www.law.utah.edu/probono.

Expungement Clinic

Street Law Free Legal Clinic
Problemas relacionados con consumo, empleo, vivienda, discriminación, etc.
2do, 3er y 4th Martes de cada mes
5:00 p.m. – 6:30 p.m.
Horizonte School cafetería.
1234 South Main Street, Salt Lake City, Utah.

Family Law Clinic
Derecho familiar, custodia de menores, divorcio, órdenes de protección, etc.
1er y 3er miércoles de cada mes.
6:00 p.m. – 7:30 p.m.
Matheson Courthouse, Room W-19. 450 South State Street, Salt Lake City, Utah.

Debtor's Counseling Clinic
Problemas relacionados con bancarrota, las coleciones, los problemas de crédito
3rd Tuesday of every month 5:00 p.m. – 6:30 p.m.
Horizonte School cafetería.
1234 South Main Street, Salt Lake City, Utah.

Community Legal Clinic: Salt Lake City
Problemas relacionados con Inmigración, ciudadanía, estatus inmigratorio, deportaciones, visas & Family Law. 1st Tuesday of every month.
5:00 p.m. – 6:30 p.m.
LDS Employment Center.
780 West 800 South, Salt Lake City, Utah.

Community Legal Clinic: Ogden
Problemas relacionados con Inmigración, ciudadanía, estatus inmigratorio, deportaciones, visas & Family Law. 2nd Thursday of every month.
5:00 p.m. – 6:30 p.m.
LDS Employment Center. 435 North Wall Avenue, Suite B.
Harrisville, UT 84404.
Important Info

Problemas en el trabajo que involucren la eliminación de antecedentes penales y órdenes.
Primer jueves de cada mes.
5:00 p.m. – 6:30 p.m.
LDS Employment Center.
780 West 800 South, Salt Lake City, Utah.

Rainbow Law Free Clinic
LGBT relacionados con la planificación del patrimonio de empleo, y derecho de familia, etc.
Segundo jueves de cada mes.
6:00 p.m. – 7:30 p.m.
Utah Pride Center.
255 East 400 South, Salt Lake City, Utah.

Medical-Legal Clinic
Problemas relacionados con leyes de arrendadores e inquilinos, cuidados de la salud, e acomodaciones. 1er miércoles de cada mes.
4:30 p.m. – 5:30 p.m.
South Main Health Center.
3690 South Main Street, Salt Lake City, Utah.

American Indian Legal Clinic
Problemas relacionados con la Ley del Bienestar Indio Infantil (ICWA), tierras tribales, los problemas familiares de reclamación, etc.
Preguntas: Mande e-mail probono@law.utah.edu
Urban Indian Walk-In Center.
120 West 1300 South, Salt Lake City, Utah.

Community Legal Clinic: Sugarhouse Answers questions related to immigration, such as citizenship, status, deportation, visas & Family Law.
3RD Thursday of every month.
5:00 p.m. – 6:30 p.m.
Deseret Industries: Walk into the D.I. building and follow the signs inside the building to the room.
2140 South 800 East, Salt Lake City, Utah.
Salt Lake City, UT
If you need help filling out this application we are happy to help. You have a right to an interpreter at no charge.

Since we are going to be asking you questions about the people who are applying, it’s a good idea to have these things ready:

- Name, Date of Birth, and Social Security Number (SSN)
- Information about where they work, or what kind of money they receive on a regular basis.
- Information about any bank accounts, vehicles, or property they may own.
  - Information about any expenses they pay for housing, child care, medical bills, or child support.

Food Stamps and Medical:

- You can turn in an incomplete application with only your name address and signature; however, before we can determine your eligibility for benefits additional questions will need to be answered.
  - In order to submit your incomplete application, enter your name, address and click "Wrap up & Submit" to electronically sign your application.
  - We will issue your assistance based on the date we receive your application. If your application is received outside business hours (Monday through Friday 8:00 am to 5:00 pm), it will be effective the following business day.

Financial and Child Care:

- In addition to your name, address, and signature, you MUST complete all questions to file an application.
  - If you DO NOT complete all of the required questions for Financial or Child Care, the application for Financial and/or Child Care will be considered incomplete and no action will be taken.
  - If eligible for Financial and/or Child Care, benefits will begin the date that we receive the completed application. Why it’s better to give more information right now

Giving us more information up front allows us to make a decision on your application more quickly.

Food Stamp, Financial and Medicaid Information for Immigrants:

- You can apply for and receive Food Stamp, Financial and Medicaid benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for Food Stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
  - You do not have to provide immigration status information, Social Security numbers, or documents for any family members who are not eligible for Food Stamp benefits because of immigrant status and who are not asking for Food Stamp benefits. Family members who are not eligible for Food Stamp, Financial or Medicaid benefits will still need to answer other questions about their name, relationship, income, assets, etc.
  - Using Food Stamp, Medical and Financial benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.
  - Use of Medicaid benefits by you or your family members should not affect your ability to apply for permanent resident status unless you use Medicaid to pay for long-term care (nursing home or other institutionalized care). Use of Medicaid benefits will not affect your ability to apply for citizenship unless you committed fraud in getting those services.

If you are applying for Food Stamps, you may be entitled to expedited assistance if:

- Your household’s combined monthly gross income and liquid resources are less than the household’s utilities and rent or mortgage.
- Someone in your household is a migrant and seasonal farm worker.
- Your household has less than $150 in monthly gross income and your liquid resources (such as cash, savings and checking
Important Info

accounts) are no more than $100.

Social Security Number(s) and all other information you give for those who are applying for benefits will be subject to verification by federal, state, and local agencies. The collection of this information is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act). By electronically signing and submitting this application, you are authorizing a release of information to conduct computer matches, program reviews, and audits with U.S. Citizenship and Immigration
Services (formerly INS), coordination of services, and other federal and state agencies. The submitted information received from USCIS may affect the household’s eligibility and level of benefits. Social Security Number(s) for those who are applying for benefits may be disclosed to other Federal and State agencies for official examination, law enforcement officials for the purpose of apprehending persons fleeing to avoid the law, and private claims collection agencies. This also includes inquiries to any other organizations or individuals who may have eligibility information regarding you and other household members.