



CHIPRA Enrollment & Retention Program Community Survey

Event: _____

Date: _____

Race/Ethnicity: _____ Age: _____

Sex: M F Zip code: _____

1. Are you familiar with the state Medi-Cal program? Yes No
3. Are you familiar with the state Healthy Families Program? Yes No
4. Have you or anyone in your household ever received Medi-Cal or Healthy Families? Yes No
5. Has Native American Health Center ever assisted you or your family members with enrolling in Medi-Cal or Healthy Families? Yes No
6. Are you aware that Native American Health Center offers onsite enrollments for Medi-Cal and Healthy Families? Yes No
7. Now that you are aware our center offers onsite Medi-Cal and Healthy Families Enrollment, would you refer family or friends to our services? Yes No

Help us improve our services:

8. If you have ever been cut-off or discontinued from Medi-Cal or Healthy Families, what was the reason? _____

9. What is the most difficult part of applying for Medi-Cal or Healthy Families? _____

10. What is the most difficult part of maintaining Medi-Cal or Healthy Families during redetermination periods or the annual re-enrollment process? _____

11. NAHC's CHIPRA Outreach Staff has a goal to outreach to uninsured American Indian/Alaskan Native children in the Bay Area. As a community member, how would you suggest CHIPRA Outreach staff work on meeting this goal? _____