



QUICK REFERENCE GUIDE

Health Plan Information Booklet and Forms










Welcome to Carolina Complete Health.

Thank you for your membership. We look forward to providing you with access to quality health care and services through our network of doctors and hospitals.

We also understand that health goes beyond the doctor's office. That's why we support our members with needs related to food insecurity, education, housing, and transportation.

For questions, please call **1-833-552-3876 (TTY 711)** or visit carolinacompletehealth.com.

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Your Member Benefits

Your Carolina Complete Health Medicaid Plan includes many benefits that are available at no cost or for a low copay. If you have questions about your benefits, please contact Member Services at 1-833-552-3876 (TTY 711).



MEDICAL BENEFITS

- Office visits with your Primary Care Provider (PCP), including annual check-ups
- Routine labs and tests
- X-rays
- Home health care
- Hospital admissions
- Medical supplies
- Referrals to specialists
- Eye/hearing exams
- Well-baby care
- Well-childcare



BEHAVIORAL HEALTH SERVICES

- Inpatient/Outpatient mental health/ alcohol and substance abuse services
- Rehabilitative mental health services
- Applied behavioral analysis services



PREVENTIVE SERVICES

- Blood pressure screening
- Blood tests
- Breast cancer mammography screening
- Cervical cancer screening
- Colorectal cancer screening
- Depression screening
- Development screening (for children)
- Diabetes (Type 2) screening
- Diet counseling
- Flu vaccine
- HIV screening
- Immunization vaccines (for children and adults)
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Osteoporosis screening
- Tobacco use screening
- Vision screening (for children)
- Well-baby and well-child visits



WE ALSO OFFER

- Extra assistance for complex health conditions through our Case and Disease Management Programs
- Coordination of care with programs and services in your community to help support food insecurity, housing affordability, domestic violence prevention, and transportation needs



Your Pharmacy Benefits

Carolina Complete Health covers most prescription medications and over-the-counter drugs when prescribed by a Carolina Complete Health provider. The pharmacy program does not cover all drugs. Some drugs require prior authorization and may have limitations on age, dosage, or maximum quantities.

Visit www.carolinacompletehealth.com/pharmacy for more information about pharmacy benefits.



HOW TO SEARCH THE FORMULARY

Use Carolina Complete Health's formulary search tool on our website to find out if your prescription medication is covered by Carolina Complete Health. The tool allows you to search through all brand and generic medications covered on the pharmacy outpatient benefit. These medications may be picked up at an in-network pharmacy or sent to your home or provider's office.



HOW TO GET MEDICATIONS

You can have your prescriptions filled at a Carolina Complete Health network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription from a Carolina Complete Health prescriber and your Carolina Complete Health member ID Card.



WHERE TO GET A PRESCRIPTION FILLED

To find a pharmacy that is in the Carolina Complete Health network, you can use the Find a Provider tool on the website at findaprovider.carolinacompletehealth.com. Type in your city or zip code and select Carolina Complete Health as your plan. Then click Continue. Choose Provider Name and type the name of your pharmacy. You can also select the Pharmacy and Medcial Supplies from the Choose a Category section below the search. Only those pharmacies in the Carolina Complete Health network are listed.





Your Value-Added Services



At Carolina Complete Health, we understand that true health goes beyond the doctor's office. That's why we provide extra Value-Added Services to support members in other areas that are important to overall health and wellness.

Getting these extra Value-Added Services is easy. Just visit the website at www.carolinacompletehealth.com/vas to fill out a request form.



CHILD AND ADULT EDUCATION SUPPORT

Carolina Complete Health provides support to help our members reach their educational goals.

- Members enrolled in kindergarten through 6th grade can receive up to 12 hours of online tutoring for math and reading.
- Members enrolled in Pre-kindergarten through 12th grade can receive up to \$50 value in basic school supplies.
- Members aged 16+ and not currently enrolled in high school can receive GED voucher to cover the cost to take the GED test.

Getting these Value-Added Services is easy. Just visit the website at www.carolinacompletehealth.com/vas to fill out a request form.



YOUTH DEVELOPMENT AND AFTERSCHOOL PROGRAMS

Youth development and afterschool activities can help children learn new skills, create new friendships, and improve overall mental and physical health and wellbeing. That's why Carolina Complete Health members ages 6 to 18 can receive a \$150 voucher that can be used for wide range of activities and organizations. Getting this Value-Added Service is easy. Just visit the website at www.carolinacompletehealth.com/vas to fill out a request form.



ROOM TO BREATHE ASTHMA PROGRAM

Carolina Complete Health provides support to members diagnosed with asthma through the Room to Breathe program. This program includes a care management assessment to help identify triggers of asthma. Members may be eligible to receive supplies that would help reduce environmental triggers, including air purifiers and hypoallergenic bedding. Visit www.carolinacompletehealth.com/vas for more information about this Value-Added Service.



MATERNITY AND NEW PARENT SUPPORT

Carolina Complete Health understands that having a new baby is a life-changing event. That's why we have several programs to support members who are expecting a baby or have delivered a baby in the past 12 months.

- Members can receive a choice of a car seat with diapers or a pack 'n play.
- Members who are pregnant or who have delivered a baby in the previous 12 months are eligible for support for an online doula and/or breastfeeding.
- Members have access to our Start Smart for Baby® program that provides educational support and tools to help support a healthy pregnancy, delivery, and postnatal care.
- Carolina Complete Health hosts Community Baby Showers throughout the year where members can get important information, learn about infant/child safety, and enjoy games and prizes. For a schedule of events, please visit www.carolinacompletehealth.com/baby.



Getting this Value-Added Service is easy. Just visit the website at www.carolinacompletehealth.com/vas to fill out a request form.



Your Value-Added Services



VISION EXTRAS

Eyesight is one of the most important senses. Carolina Complete Health members aged 21 and older receive extra vision benefits, including a \$125 retail allowance toward select prescription eyeglass frames and lenses, once every 2 years (730 days). Visit www.carolinacompletehealth.com/vas for more information about this Value-Added Service.



CELL PHONE SUPPORT

Carolina Complete Health knows communication with your healthcare providers is important to maintain good health. Members who lack reliable phone access can get a pre-programmed cell phone allowing calls to and from doctors, care managers, pharmacies, important family contacts, our 24/7 nurse advice line, and 911. Eligibility requirements apply based on a Care Management Team risk assessment. Visit www.carolinacompletehealth.com/vas for more information about this Value-Added Service.



WEIGHT WATCHERS® AND YMCA HEALTH PROGRAMS

- Members who meet eligibility requirements based on Body Mass Index (BMI), can get a Weight Watchers voucher for a program with digital and web-based classes and workshops to help support healthy weight loss.
- Members who meet eligibility requirements based on a health risk assessment can join the YMCA Diabetes Prevention Program (DPP) and the YMCA Blood Pressure Self-Monitoring Program (BPSM). Both programs are backed by the Centers for Disease Control and Prevention.

Visit www.carolinacompletehealth.com/vas for more information about this Value-Added Service.





Your Primary Care Provider (PCP)



Your PCP is your main healthcare provider. If you do not have a PCP, you can find a provider using our online search tool at <https://findaprovider.carolinacompletehealth.com> or call Member Services. Call the office to schedule a visit if you don't need immediate medical care. See your PCP if you need:

- Help with colds, flus, sore throats, earaches, and fevers
- Sprains or strains
- Cuts or scrapes that don't require stitches
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Diaper rash or infant feeding issues
- Vaccinations
- More medicine or prescription refills
- General advice about your overall health



Know Where to Go for Care



24/7 NURSE ADVICE LINE - 1-833-552-3876 (TTY 711)

Our 24/7 nurse advice line is a free health information phone line. Medical professionals are available to answer questions about your health. They can also help decide if you should see your Primary Care Provider (PCP) and assist with setting up your appointment. Call our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP
- Help caring for a sick child
- Answers to questions about your health



URGENT CARE CENTERS

Urgent care centers help diagnose and treat illnesses or injuries that aren't life threatening, but can't wait until the next day. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than an Emergency Room (ER). Go to an in-network urgent care center for:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting



TELEMEDICINE

Carolina Complete Health offers Telemedicine at no cost to you. This is your easy, 24-hour access to in-network providers for non-emergency health issues. Get medical advice, a diagnosis or a prescription. Do it all by phone or video. And, have easy access through your mobile

device! Use Telemedicine when you're at home. Even on the job! It's there when you need it. Make an appointment for a time that works for you. Or, you can enjoy same-day visits. Plus, limited wait times! Contact Telemedicine for non-emergency issues such as:

- Colds, flu, and fevers
- Ear infections
- Rash, skin conditions
- Pink eye
- Sinuses, allergies
- Counseling for depression or anxiety
- Respiratory infections
- And More!



EMERGENCY ROOM (ER)

Anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Emergency services treat accidental injuries or the onset of what appears to be a medical condition. Go to the ER if you have:

- Broken bones
- Bleeding that won't stop
- Labor pains or other bleeding (if you're pregnant)
- Severe chest pains or heart attack symptoms
- Overdosed on drugs
- Ingested poison
- Bad burns
- Shock symptoms (sweat, thirst, dizziness, pale skin)
- Convulsions or seizures
- Trouble breathing
- The sudden inability to see, move, or speak
- Gun or knife wounds



Website and Online Resources



VISIT THE WEBSITE

Visit Carolina Complete Health's website at www.carolinacompletehealth.com to find information and valuable resources.

- Get plan contact information
- Find a provider using online tool
- View plan benefits
- Request Value-Added Services
- Learn about health and wellness resources
- Access telemedicine
- Download the member handbook



IF YOU DO NOT HAVE INTERNET ACCESS:

- Read this booklet and other member materials included in this packet
- Fill out the forms and mail them using the postage-paid envelopes included in this booklet
- Contact Member Services by calling **1-833-552-3876 (TTY 711)** for help finding a Primary Care Provider (PCP) or answers to any other questions you have.



Set Up Your Online Member Account

Carolina Complete Health's secure member portal is easy-to-use and allows you to get important information. Setting up your account is easy.

STEP 1: Go Online

Go to www.carolinacompletehealth.com
Click **Login** and choose **Sign Up Now**.

STEP 2: Enter Your Information

Fill in your birthdate and member ID number (on your ID card). Then click **Find Member**.

STEP 3: Register Your Account

Enter your email address. Choose a password that is a combination of at least eight letters, numbers and/or symbols. Check the **Terms and Conditions** box and click **Sign Up**.

A confirmation message will appear on your screen, and you will receive an email. Click on the link in your email to finish registering your account.

STEP 4: Verify Your Account

Choose your **preferred language** and fill in answers to your **secret questions**. If you forget your password, these secret questions can help you access your account. Click the **Submit** button.

You can add Dependents to your account by clicking **Continue**.



Earn Rewards for Healthy Activities

Every member receives a **My Health Pays® Visa®** Prepaid Card about two weeks after enrollment. The My Health Pays card will be sent separate from this welcome packet. After you complete a healthy activity, we will add the reward dollars you have earned directly to your card.



Healthcare Needs Screening (within 90 days of enrollment or annually) ...	\$25
Annual flu shot	\$25
Annual comprehensive diabetes care	\$25
Annual child wellness exam	\$25

And many more!

USE YOUR **myhealthpays**® REWARDS TO HELP PAY FOR:

- Utilities
- Childcare services
- Transportation
- Education
- Telecommunications
- Rent

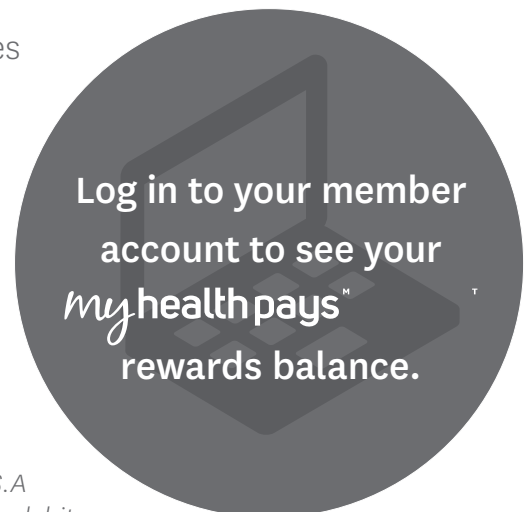
OR, YOU CAN USE YOUR REWARDS TO:

- Shop at **Walmart**  for everyday items*

**This card may not be used to buy alcohol, tobacco, or firearms.*

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.





This form is confidential. If you have any problems or questions, please call Carolina Complete Health at 1-833-552-3876 (TTY/TTD: 711). This form is also available online at www.carolinacompletehealth.com

***Required Field**

***Are You Pregnant?** ☐ Yes ☐ No * If you are pregnant, please continue to answer all the questions.

We may call you if we find that you are at risk for problems with your pregnancy.

***Medicaid ID #:** Today's Date MMDDYYYY:

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Would you like to receive text messages about pregnancy and newborn care? ☐ Yes ☐ No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address:

***Your OB Provider's Name:**

***Your Due Date MMDDYYYY:**

Primary insurance (for mom or baby) other than Medicaid? ☐ Yes ☐ No

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Hispanic/Latina

☐ American Indian/Native American ☐ Asian ☐ Hawaiian/Pacific Islander

☐ Other If other ethnicity, please specify:

Preferred Language (if other than English):

Planning to breastfeed? ☐ Yes ☐ No If no, why?

Pediatrician chosen? ☐ Yes ☐ No Pediatrician Name:

Number of Full Term Deliveries: Number of Miscarriages:

Number of Preterm Deliveries: Number of Stillbirths:

Height (Feet, Inches): Pre-Pregnancy Weight:

***Do you have any of the following?** ☐ Yes ☐ No If yes, mark all that apply.

Your Medical History

Previous preterm delivery (<37 weeks or a delivery more than three weeks early)? ☐ Yes ☐ No

Recent delivery within past 12 months? ☐ Yes ☐ No Was delivery within past 6 months? ☐ Yes ☐ No

Previous C-Section? ☐ Yes ☐ No Diabetes (Prior to Pregnancy)? ☐ Yes ☐ No



*Medicaid ID #:

Name: Last, First:

Sickle Cell? ☐ Yes ☐ No

Asthma? ☐ Yes ☐ No If yes, are asthma symptoms worse during pregnancy? ☐ Yes ☐ No

High blood pressure (prior to pregnancy)? ☐ Yes ☐ No Previous neonatal death or stillbirth? ☐ Yes ☐ No

HIV Positive? ☐ Yes ☐ No Testing refused? ☐ Yes ☐ No AIDS? ☐ Yes ☐ No

Thyroid Problems? ☐ Yes ☐ No If yes, is this a new thyroid problem? ☐ Yes ☐ No

Seizure Disorder? ☐ Yes ☐ No Seizure within the last 6 months? ☐ Yes ☐ No

Previous alcohol or drug abuse? ☐ Yes ☐ No

Current Pregnancy History

Preterm labor this pregnancy? ☐ Yes ☐ No Current gestational diabetes? ☐ Yes ☐ No

Current twins? ☐ Yes ☐ No Current triplets? ☐ Yes ☐ No

Currently having severe morning sickness? ☐ Yes ☐ No

Current mental health concerns? ☐ Yes ☐ No List:

Current STD? ☐ Yes ☐ No List:

Current tobacco use? ☐ Yes ☐ No Amount:

If yes, are you interested in quitting? ☐ Yes ☐ No

Current alcohol use? ☐ Yes ☐ No Amount:

Current street drug use? ☐ Yes ☐ No

Taking any prescription drugs (other than prenatal vitamins)? ☐ Yes ☐ No List:

Any hospital stays this pregnancy? ☐ Yes ☐ No

If yes, please list hospitalizations during this pregnancy.

Social Issues

Do you have enough food? ☐ Yes ☐ No Are you enrolled in WIC? ☐ Yes ☐ No

Do you have problems getting to your doctor visits? ☐ Yes ☐ No Do you have reliable phone access? ☐ Yes ☐ No

Are you homeless or living in a shelter? ☐ Yes ☐ No

Are you currently experiencing domestic violence or feel unsafe in your home? ☐ Yes ☐ No

Please list any other social needs you may have:

Please list anything else you would like to tell us about your health:

Upon completion, you may fax this form to 1-833-238-7689.

You may also mail the completed form to Carolina Complete Health, Attn: Care Management, 10101 David Taylor Drive, Suite 300, Charlotte, NC, 28262.

Notice of Nondiscrimination

Carolina Complete Health complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. Carolina Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Carolina Complete Health provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Carolina Complete Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-833-552-3876 (TTY: 711)**.

If you believe that Carolina Complete Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

1557 Coordinator

P.O. Box 31384

Tampa, FL 33631

1-855-577-8234 (TTY: 711)

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **Online:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:**
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TDD: 1-800-537-7697)

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

English: You can request free auxiliary aids and services, including this material and other information in large print. Call **1-833-552-3876 (TTY: 711)**. If English is not your first language, we can help. Call **1-833-552-3876 (TTY: 711)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información en letra grande. Llame al **1-833-552-3876 (TTY: 711)**. Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-833-552-3876 (TTY: 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人 (Chinese): 您可以申请免费的辅助工具和服务, 包括本资料和其他计划信息的大字版。请致电 1-833-552-3876 (TTY: 711)。如果英语不是您的首选语言, 我们能提供帮助。请致电 1-833-552-3876 (TTY: 711)。我们可以通过口头或书面形式, 用您使用的语言免费为您提供本资料中的信息, 为您提供翻译服务, 并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu và các thông tin khác dưới dạng bản in lớn. Gọi **1-833-552-3876 (TTY: 711)**. Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-833-552-3876 (TTY: 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타정보가 있습니다. 1-833-552-3876 (TTY: 711) 번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. 1-833-552-3876 (TTY: 711) 번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le **1-833-552-3876 (TTY: 711)**. Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-833-552-3876 (TTY: 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **1-833-552-3876 (TTY: 711)**. Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-833-552-3876 (TTY: 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

عربي (Arabic):

فرحاً بقطعة لوح أرخ تاملعمو دن تسمل اذه، كلذيف امب عي ن اجملا عي فاضل ا تادعاسمل او تاملدخ ل بلط كن كم ي قرلا ل ل ص ت. تري بك

1-833-552-3876 (TTY: 711).

1-833-552-3876 مقرلا ل ل ص ت. دعاسمل انن كم ي ف، ل و آل ا كتغل تسيل عي زيل جن ل ا غل ل ا تنك ا ذ ا تاملدخ ل ل ا ي باتك و ا ي ه ف ش كتغل ب دن تسمل اذه ي ف قراول تامل عمل كل مدقن ن ا ن كم ي (TTY: 711)

carolinacompletehealth.com | 1-833-552-3876 (TTY 711)

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру **1-833-552-3876 (TTY: 711)**. Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-833-552-3876 (TTY: 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa **1-833-552-3876 (TTY: 711)**. Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-833-552-3876 (TTY: 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungan sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વનિતી કરી શકો છો. 1-833-552-3876 (TTY: 711). પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. 1-833-552-3876 (TTY: 711). પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વનિ મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ

ខ្មែរ (Khmer): អ្នកអាចសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃរួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពីផ្លូវដើម្បីទទួលបានសេវា។ ហៅទូរសព្ទទៅលេខ **1-833-552-3876 (TTY: 711)** ។ ប្រសិនបើសាមញ្ញក្នុងស្រុកមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-833-552-3876 (TTY: 711)** យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៃកូដឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លុះបញ្ចាំងសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter **1-833-552-3876 (TTY: 711)**. Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-833-552-3876 (TTY: 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten

हंदी (Hindi): आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। 1-833-552-3876 (TTY: 711) पर कॉल करें।

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। 1-833-552-3876 (TTY: 711) पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບູຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາເບີ **1-833-552-3876 (TTY: 711)**. ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-833-552-3876 (TTY: 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງປາກເປົ້າ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。1-833-552-3876 (TTY: 711)に電話してください。英語が母国語でない方はご相談ください。1-833-552-3876 (TTY: 711)に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。



QUESTIONS?



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